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ABSTRACT

A survey of officials in 52 cities in the United States gathered information on the conditions and issues relating to urban children, on how city governments are structured to respond to those needs, and on city programs and initiatives which benefit children. Information provided by the cities was supplemented by data from the Bureau of the Census and the National Center for Health Statistics. The following topics are explored: (1) problems affecting cities; (2) problems facing children of all income levels in cities; (3) problems facing low-income children; (4) poverty; (5) public assistance programs; (6) school dropout problems; (7) child care; (8) early childhood education; (9) infant health; and (10) adolescent pregnancy. Statistical data are included on eight tables. Existing city programs and initiatives are briefly described in relation to each topic. City officials commented on the policy issues that should be addressed by the next President of the United States. Excerpts concerning children's issues from the "state of the city" addresses of the mayors in 24 of the survey cities are also included. The appendix includes a copy of the survey questionnaire. (FMW)

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A STATUS REPORT ON CHILDREN IN AMERICA'S CITIES

A 52-City Survey

OCTOBER, 1988

THE UNITED STATES CONFERENCE OF MAYORS
THE UNITED STATES CONFERENCE OF CITY HUMAN SERVICES OFFICIALS

THE UNITED STATES CONFERENCE OF MAYORS

Arthur J. Holland, President
Mayor of Trenton

Theodore D. Mann, Chairman
Human Development Committee
Mayor of Newton

J. Thomas Cochran, Executive Director

THE UNITED STATES CONFERENCE OF CITY HUMAN SERVICES OFFICIALS

Kevin C. Moriarty, President
Director, Human Resources and Services
San Antonio

Judith Walker, Vice President
Commissioner, Department of Human Services
Chicago

J. Thomas Cochran, Executive Director

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FOREWORD

The United States Conference of Mayors and The United States Conference of City Human Services Officials recognize the critical importance of investing in this nation's children. They are our country's future, yet the problems which too many of our children face have been increasing in recent years. This report provides information on the status of children in 52 of America's principal cities. It contains data on the problems they face and describes efforts underway in cities to respond to those problems. It is intended to help this nation set a course for the future which will lead us toward critically needed investments in our children's future and, consequently, in our country's future.

We are especially grateful to the Foundation for Child Development, which provided support to The Conference of Mayors to develop the status report. Special thanks go to Barbara B. Blum, President; Jane Dustan, Vice President; Heidi N. Sigal, Program Officer; Susan W. Blank, Program Associate; and Trude W. Lash, Consultant, for their commitment to this effort and for all of the ideas and assistance they provided to the development of the report.

Important assistance was also provided to the effort by Child Trends, Inc., a non-profit research organization which is dedicated to improving the quality and use of statistical information about children and families. Special thanks go to Nicholas Zill, PhD., Executive Director of Child Trends, for all of his assistance and advice. Thanks also go to Stephanie Ventura of the National Center for Health Statistices for her help in obtaining data on teen births in cities.

Finally, this report would not have been possible without the time and effort of the mayors and human services officials in the 52 cities who provided us the information on which the report is based.

This report was written by Laura DeKoven Waxman, Assistant Executive Director of the Conference. Assistance in compiling the data was provided by Paige Paulsen, an intern from the University of Utah currently working with the Conference.

J. Thomas Cochran
Executive Director
The U.S. Conference of Mayors
The U.S. Conference of City
Human Services Officials

October, 1988

SUMMARY

The United States Conference of Mayors and The United States Conference of City Human Services Officials surveyed officials in 52 cities to gather information on the conditions and issues relating to children in cities. Data were collected on (a)problems affecting cities, (b)problems facing children of all incomes in cities, (c)problems facing low-income children, (d)poverty, (e)public assistance programs, (f)school dropout problems, (g)child care (h)early childhood education, (i)infant health, and (j)teenage pregnancy. Information was also collected on how city governments are structured to respond to children's issues, and on city programs and initiatives which benefit children. The information provided by the cities was supplemented with data available from the Bureau of the Census and the National Center for Health Statistics.

Among the findings for the 52 survey cities:

THE PROBLEMS FACING CHILDREN IN CITIES

- Substance abuse, weaknesses in the education system, the lack of affordable child care and teenage pregnancy are, in rank order, the problems most frequently cited as facing children. Over the last five years, each of these problems has increased in at least four out of five of the cities citing them.

- Substance abuse, the lack of affordable child care, weaknesses in the education system, the lack of affordable housing, teenage pregnancy and access to health and mental health care are, in rank order, the problems most frequently cited as facing low-income children. Here again, over the last five years each of these problems has increased in at least four out of five of the cities citing them.

POVERTY AND PUBLIC ASSISTANCE

- Nearly three out of every 10 children are estimated to have lived in poverty in 1986. One in five persons of all ages is estimated to have lived in poverty that year. The percentage of persons living below the poverty level is estimated to have increased by 13.8 percent, growing from 18.1 percent to 20.6 percent, between 1979 and 1986. Among children, the rate is estimated to have increased 16.2 percent, growing from 25.3 percent to 29.4 percent during the same time period.

- An average of 21 percent of the children are recipients of cash assistance, either AFDC (Aid to Families with Dependent Children) or general assistance. The percentage receiving cash assistance ranges from 4.5 percent to 64 percent in the cities. An average of 19 percent of the children receives Food Stamps, ranging from 2.5 percent

to 64 percent. In contrast, 10 percent of the total population of the survey cities receives AFDC or general assistance and 8.6 percent receive Food Stamps.

CHILD CARE AND EARLY CHILDHOOD EDUCATION

- There are sufficient day care slots to serve an average of 37 percent of the children under the age of six.

- The average wait for subsidized child care is estimated to be 38 weeks, ranging from two years to none at all. The average wait for unsubsidized child care is estimated at 18 weeks, also ranging from two years to none at all.

- An estimated 45 percent of the need for licensed child care goes unmet. The estimated unmet need ranges from 87 percent to 10 percent. The city officials believe that children who need day care, but for whom it is not available, are most frequently left with relatives or older siblings, or are left unsupervised.

- The average estimated cost for center-based child care in the survey cities is $78 per week. The average estimated cost of home-based child care is $73 per week.

- One-half of the cities reported that local public elementary schools offer some pre-school education for four-year-olds, and in these cities an average of 39 percent of the schools offer such education. In 11 of the cities no public elementary schools offer pre-school education.

SCHOOL DROPOUT PROBLEMS

- An average of 38 percent of the high school class of 1988 dropped out between the start of the ninth grade and graduation day, with a range across the cities from 62 percent to 15 percent. An average of 30 percent of that class dropped out between the 10th grade and graduation day, with a range of 50 percent to 10 percent.

- More than 60 percent of the cities reported that they invest public funds in programs which encourage students to stay in school.

TEENAGE PREGNANCY

- Of the 529,458 births which occurred in the survey cities during 1986, 14.6 percent were to teenage mothers. Nearly three-fourths of the teenage women who gave birth that year were unmarried. Among black women in the survey cities, 21.6 percent of the children were born to teenagers and over 90 percent of these mothers were unmarried.

- In two-thirds of the cities the city government provides funds for programs which aim at preventing teenage pregnancy and/or which provide assistance to pregnant teens.

INFANT HEALTH

- The infant mortality rate averaged 12.6 per thousand in the cities during 1986, with a range of 21.1 to three. For black babies the infant mortality rate averaged 18.5 that year, ranging from 29.5 to 3.9.

- In nearly three out of four of the cities, city government funds are used to support programs which aim at increasing the availability of prenatal care for expectant mothers, reducing the number of low birth weight babies, and/or reducing infant mortality.

MAYORS, CITY GOVERNMENTS AND CHILDREN

- From the mayors' point of view, the lack of affordable housing and the related problems of drugs and crime lead the list of critical problems facing their cities today. Every city save one said these and other critical problems affect children.

- Thirty-eight percent of the cities have a department, bureau or other agency whose sole responsibility is children's matters broadly defined. Among the cities which do not have such agencies, all but three have an agency in city government whose responsibilities include children's issues broadly defined.

- More than half of the cities have a citizens' task force, commission or other public body specifically charged with overseeing children's issues broadly defined. More than two-thirds have an organization or coalition of organizations which collects local information relating to children's issues.

- Mayors in 46 percent of the survey cities discussed children's issues in their "last state of the city" address.

- Mayors of the survey cities believe that, for the benefit of children, the most important policy decisions that could be made by the next President of the United States would be to increase the availability of child care, provide adequate funding for family and children's programs, increase the emphasis on and funding for substance abuse prevention, and make a greater investment in education.

INTRODUCTION

There are more than 18.5 million children living in America's central cities (those located in Standard Metropolitan Statistical Areas) today. They represent 25 percent of all persons who live in these cities and 30 percent of all children in the United States. But 28.5 percent of these children live in poverty, in comparison with 20 percent of all of the children in the United States. And, they account for 43 percent of all of the children in the nation who live below the poverty level.

The conditions facing children today, particularly those living in poverty, have begun to receive considerable attention. Advocacy groups, including the Children's Defense Fund, business groups such as the Committee for Economic Development, academics, government leaders and others have publicized the plight of large numbers of children, and have called for a national response to their problems. It is generally agreed that if this nation is to address the problems of children adequately, children's issues must be given a much higher priority in the national debate.

The United States Conference of Mayors is an advocate for cities and for urban residents, many of whom are children. It has a strong body of policy which recognizes the problems faced by children and calls for concerted action by both government and the private sector. At its meeting in January 1988, the Conference's Human Development Committee, which has jurisdiction over children's issues, called for the development of a status report on children in America's cities.

The mayors wanted a report that would provide information on conditions and issues relating to children in cities; they felt that it would make a contribution to the national debate concerning children and would add another voice to those calling on the nation to make critically needed investments in its children's futures. The report would assist them and other local officials to understand better the problems affecting children and their cities, and would underscore the importance of taking action to address them.

The Foundation for Child Development provided funding for The U.S. Conference of Mayors to develop this status report on children in America's cities. The project was conducted jointly by the Conference of Mayors and its affiliate, The U.S. Conference of City Human Services Officials. Survey questionnaires were sent to city human services officials in approximately 100 cities (those which are members of the human services officials' organization and those cities among the top 50 in population which are not members). Responses were received from 52 cities located in 22 states and the District of Columbia.

The survey collected information from the city human services officials on problems affecting cities, problems facing children of all incomes in cities and problems facing low-income children. Data was collected on public assistance programs, school dropout problems, child care and early childhood education, infant health, and teenage pregnancy. Finally,

information was collected on how city governments are structured to respond to children's issues and on exemplary city programs and initiatives which benefit children. A copy of the survey instrument is contained in the Appendix.

The information provided by the cities was supplemented with data on population, poverty, teenage pregnancy and infant mortality available from the Bureau of the Census and the National Center for Health Statistics. Assistance in the development of the survey instrument, in the collection and analysis of the data and in the development of the tables was provided by Child Trends, Inc., a non-profit research organization dedicated to improving the quality and use of statistical information about children and families.

The reader should note that in no case do the percentages reported for a survey question include a city unable to respond to that question.

THE PROBLEMS FACING CITIES AND THEIR CHILDREN

The survey cities were asked to identify, from the mayor's point of view, the three most serious problems which they face. In addition, they were asked to identify, in rank order, the three most serious problems faced by children -- all children and low-income children in particular -- in their city. The chart below summarizes their responses. All problem areas mentioned by 10 or more cities in the specific category are included. The number in parenthesis following the problem is the number of cities which cited the problem.

CITY PROBLEMS	ALL CHILDREN'S PROBLEMS	LOW-INCOME CHILDREN'S PROBLEMS
Lack of Affordable Housing (21)	Substance Abuse (32)	Substance Abuse (24)
Crime and/or Drugs (20)	Education (28)	Child Care (22)
Education (12)	Child Care (18)	Education (21)
Economic Development (11)	Teenage Pregnancy (14)	Lack of Affordable Housing (14)
		Teenage Pregnancy (12)
		Access to Health & Mental Health Care (10)

The cities were also asked whether the particular children's problems they identified had increased, decreased or stayed the same over the past five years. Their responses are summarized in the chart below. Information is included on the problem areas mentioned by 10 or more cities. Percentages are calculated on the basis of those cities which identified the problem and responded to the question.

ALL CHILDREN'S PROBLEMS	PERCENT OF RESPONDING CITIES REPORTING INCREASE	DECREASE	SAME	LOW-INCOME CHILDREN'S PROBLEMS	PERCENT OF RESPONDING CITIES REPORTING INCREASE	DECREASE	SAME
Substance Abuse	94%	0%	6%	Substance Abuse	100%	0%	0%
Education	85%	4%	11%	Child Care	90%	5%	5%
Child Care	94%	6%	0%	Education	100%	0%	0%
Teen Pregnancy	83%	0%	17%	Lack of Affordable Housing	93%	0%	7%
				Teen Pregnancy	82%	0%	18%
				Health/Mental Health Care	88%	12%	0%

PROBLEMS FACING CITIES

THE LACK OF AFFORDABLE HOUSING and the related problems of DRUGS AND CRIME led the list of critical problems most frequently cited by the survey cities. Twenty-one cities cited the lack of affordable housing; 20 cited drugs and/or crime.

- Listing THE LACK OF AFFORDABLE HOUSING were Boston, Brockton, Cambridge, Chicago, Columbus, Fort Worth, Hampton, Indianapolis, Irvine, Jersey City, Lincoln, New Haven, Norfolk, Oakland, San Diego, Santa Barbara, Sommerville, Trenton, Tucson, Washington, D.C., and West Hollywood.

- Listing CRIME AND/OR DRUGS were Albuquerque, Alexandria, Boston, Brockton, Cambridge, Camden, Fort Worth, Houston, Jacksonville, Kansas City, Lincoln, New Orleans, Oakland, Philadelphia, Portland, San Diego, Seattle, Trenton, Warwick and Washington, D.C.

Other critical problems facing the survey cities related to EDUCATION, cited by 12 cities; ECONOMIC DEVELOPMENT, cited by 11; EMPLOYMENT, by nine; HOMELESSNESS by eight; and CITY BUDGETS nd TRANSPORTATION by seven cities each.

- Citing EDUCATION were Alexandria, Buffalo, Chicago, Hampton, Houston, Irvine, Jersey City, Kansas City, New York City, Phoenix, Rochester and San Antonio.

- Listing ECONOMIC DEVELOPMENT were Albuquerque, Buffalo, Dallas, Fort Worth, Lincoln, New Haven, Norfolk, Phoenix, San Antonio, Santa Monica and Tucson.

- Citing EMPLOYMENT-RELATED PROBLEMS were Alexandria, Buffalo, Chicago, El Paso, Houston, Indianapolis, New Haven, Oakland, and San Antonio.

- HOMELESSNESS was cited by Camden, Dallas, Lincoln, New Orleans, Portland, Raleigh, Somerville and West Hollywood.

- Listing CITY BUDGET PROBLEMS were Brockton, Dade County, Evanston, Jersey City, Redmond, Santa Barbara and Trenton.

- TRANSPORTATION was cited by Columbus, Dallas, Irvine, Santa Monica, Scottsdale, Somerville and Virginia Beach.

Among the other issues identified by the survey cities were HUMAN SERVICES, MAINTAINING SERVICES WITH A GROWING POPULATION, CHILD CARE, INFRASTRUCTURE, ENVIRONMENTAL QUALITY AND GROWTH, RACE RELATIONS, POVERTY, WATER, SOLID WASTE MANAGEMENT and THE ELDERLY.

EFFECT OF CITY PROBLEMS ON CHILDREN

Every city save one reported that the critical problems which they face have significant effects on children. Among the cities' explanations:

- Alexandria: "These three problems (the educational disparity between advantaged and disadvantaged children, the drug trade's financial incentives for low-income children, and the lack of employable skills among many low-income youth leaving high school) are causing an irreparable gash on the generation of young people we will rely upon to sustain our economic growth and provide for our retirement years. Nearly half of our urban youth are growing into adulthood incapable of performing constructive social and economic adult roles."

- Buffalo: "Economic development has a direct effect upon the total family unit....Children either benefit or lose from the condition of economic growth within the city."

- Chicago: "Job availability impacts both the individual youth trying to find employment opportunities as well as his or her parents. With meaningful employment, self-sufficiency can be sustained or regained. Reform of the public school system has as its goal the development of youth and their capacities to compete in the job market and gain employment. The increased availability of affordable housing would assure families of the kind of environment which will help to nurture the development of children."

- Columbus: "Every issue facing this community has an impact on youth because of the vast number of youth in our city. Columbus is the youngest large city in America, with an age mean of just under 27 years. Consequently, when we speak of a lack of affordable housing, we are talking about families with children that are without a decent place to live."

- Evanston: "Evanston's racial and economic diversity creates special needs which significantly affect children, particularly in the context of inadequate funds to support services. The City faces the challenge of enabling low-income and minority families to participate in and benefit from the basic community resources -- educational, economic, cultural, health and social. The gap between the 'haves and the have nots' is a recurrent issue affecting the lives of children here."

- Houston: "Without a vibrant economy providing jobs for all able adults, we cannot ensure that children will grow up in a safe, healthy environment. Unemployment has created homeless families in our city, leaving children without a stable home environment. In addition, a strong economy now will give our children a bright future to look forward to. In that vein, quality education is essential to helping children prepare to go into the workforce as adults. Finally, the fabric of our entire community is threatened by the drug abuse problem. Children are no less affected than any other citizen. Until we address the drug problem, we run the risk of losing all opportunities for a bright future."

- Jersey City: "All children deserve a decent place to live. Because of the lack of affordable housing many are either homeless or condemned to live in substandard housing. The city's financial status has an effect on the number of people who may be assisted by welfare and other social service programs. The Jersey City educational system has been under

fire for failing to provide many of its students with the basics they need to survive in the business world."

- New Haven: "Children are deeply affected by the lack of affordable housing, especially when they and their families become homeless. Unemployment and underemployment, as well as high housing costs, contribute to a family's inability to provide adequate food...."

- Norfolk: "Lack of affordable housing means that some children are living in sub-standard conditions and a number of less wealthy families are leaving the city. The decrease in federal funding has meant a cutback in general services to children."

- Oakland: "The proliferation of the sale and use of drugs is widespread in our neighborhoods and schools and, thus, impacts directly upon our children....Unemployment among school dropouts and other minority youth obviously seriously affects children. The increase in the number of homeless persons and of persons in poverty needing housing is significant among families with children."

- Philadelphia: "Substance abuse among parents is one of the leading factors relating to child abuse in Philadelphia. Use of illegal substances, frequently cocaine, is cited as a factor in many of the worst child abuse cases. Philadelphia has experienced a dramatic rise in reports of abuse and neglect (31 percent in the last fiscal year), with a concomitant rise in child fatalities. While reports of abuse and neglect increase at an accelerating rate, State and Federal funding remain static."

- Raleigh: "Children are one of the target groups needing the greatest amount of services in the areas of drug abuse education, employment and job training, teenage sexuality education and pregnancy prevention and crime victimization."

- Rochester: "The increase in the underclass increases the number of children who have social or economic disadvantages. Because of these disadvantages, the education of these children has become increasingly difficult and costly. The additional costs have resulted in increasing tax burdens for both businesses and residents. To the extent these burdens make us uncompetitive with other jurisdictions and areas, the number of employment and affordable housing opportunities will diminish and the underclass problem will be exacerbated."

- Somerville: "The crisis of losing (or never having) a home to a child is a traumatic experience in itself. However, when a child becomes homeless and has to relocate into another school system... the trauma of being homeless and 'living' in an incredibly alienating situation is heightened significantly.

  "Without quality day care, not only are mothers unable to work, but their efforts to rise to a better standard of living, to gain respect for themselves, are all but impossible...."

- Tucson: "Economic development equals respectable jobs in our community for our youth. In order to attract businesses that will provide these jobs, we need to maintain our quality of life; improving our air quality is absolutely mandatory. Availing alternative transportation modes and educating our youth about clean air and its importance are also vital. Affordable housing demands need to be met for young people, who are first-time home buyers, and for families who, at the time, can only afford to rent. If children don't have satisfactory housing, or clean air to breathe, or respectable jobs available to them and their families, their commitment to improve themselves and their community will not exist."

- Virginia Beach: "Open space has been recognized nationally as being a necessary resource to assist in the nurturing and development of youth....The great outdoors is a great health machine; it is a silent social worker. Open space serves as a deterrent to crime and delinquency by providing a place for youth to learn new socially accepted skills. We have an obligation to the next generation to give them more than just a concrete city. We need to help youth acquire a strong foothold on life and a chance to enhance their lives...."

- West Hollywood: "The lack of affordable housing impacts families with children to a disproportionate degree. Families are forced to live in overcrowded or inappropriate situations because of the lack of other options. Many families live close to the threat of homelessness because their economic situation is so tenuous....

  "Because of the high number of adult cases (of AIDS) in our community, a great deal of the limited social services and health care resources are needed to serve the patient population. Because funds for these types of programs are few, other programs must be cut to allow for the expenditures on AIDS, thus impacting negatively many programs for families with children."

PROBLEMS FACED BY CHILDREN OF ALL INCOMES

SUBSTANCE ABUSE was most frequently cited by the survey cities as a serious problem facing all children, with 32 cities listing it. Next were problems relating to EDUCATION, which was cited by 28 cities. These problems were followed by THE SHORTAGE OF AFFORDABLE, QUALITY CHILD CARE, cited by 18 cities, and TEENAGE PREGNANCY, cited by 14. The cities were asked if the problems had increased, decreased or stayed the same over the last five years.

- Listing SUBSTANCE ABUSE were Alexandria, Boston, Brockton, Camden, Chicago, Columbus, El Paso, Evanston, Fort Worth, Houston, Irvine, Jacksonville, Jersey City, Kansas City, Lincoln, Lynchburg, New Haven, New Orleans, New York City, Norfolk, Oakland, Philadelphia, Phoenix, Portland, Raleigh, Redmond, Scottsdale, Seattle, Somerville, Trenton, Warwick and Washington, D.C. Fifty-six percent (18) of these cities listed substance abuse as the most serious problem facing children. Ninety-one percent (29) said the problem had increased over the last five years; two said it had stayed the same.

- Cities which cited EDUCATION PROBLEMS were Alexandria, Buffalo, Cambridge, Chicago, Dallas, El Paso, Evanston, Fort Worth, Jacksonville, Jersey City, Kansas City, Indianapolis, Irvine, Lincoln, Lynchburg, New Haven, New York City, Norfolk, Oakland, Philadelphia, Phoenix, Rochester, San Antonio, San Diego, Seattle, Trenton, Warwick and Washington, D.C. Nine of these cities specifically cited the drop-out problem. Ten listed education problems as the most serious ones facing children. Eighty-two percent (23) of the cities said that education problems had increased over the last five years.

- Cities listing THE SHORTAGE OF AFFORDABLE, QUALITY CHILD CARE were Albuquerque, Boston, Dallas, Houston, Indianapolis, Jacksonville, Kansas City, Lincoln, Oakland, Phoenix, Redmond, San Antonio, San Diego, Santa Barbara, Santa Monica, Somerville, Virginia Beach and West Hollywood. Eighty-nine percent (16) of the 18 cities said the lack of child care had increased over the last five years.

- TEENAGE PREGNANCY was cited by Albuquerque, Columbus, El Paso, Fort Worth, Jacksonville, Lynchburg, New Orleans, Philadelphia, Raleigh, Rochester, San Antonio, Somerville, Virginia Beach and Washington, D.C. Seventy-one percent (10) of the 14 cities said the problem had increased over the last five years.

Other problems facing children in the survey cities were:

- EMPLOYMENT, cited by Alexandria, Buffalo, Chicago, Lincoln, New Haven, Oakland, Portland and Raleigh;

- ACCESS TO HEALTH AND MENTAL HEALTH CARE, cited by Boston, Cambridge, Dade County, Dallas, Redmond and Washington, D.C.

- CHILD ABUSE AND NEGLECT, cited by Albuquerque, Lincoln, Portland, Scottsdale and Warwick;

- LACK OF AFFORDABLE HOUSING, cited by Brockton, Cambridge, Irvine, Santa Barbara and West Hollywood;

- LACK OF RECREATION, cited by Brockton, Lincoln, New York City, Santa Monica and Trenton;

- JUVENILE CRIME, cited by Buffalo, Camden, Columbus, Dade County and San Diego; and

- FAMILY STABILITY, cited by Dade County, Norfolk, Redmond, Santa Monica and Virginia Beach.

PROBLEMS FACED BY LOW-INCOME CHILDREN

SUBSTANCE ABUSE was also the problem facing low-income children most frequently mentioned by the survey cities, with 24 cities citing it. LACK OF AFFORDABLE, QUALITY CHILD CARE was listed by 22 cities, PROBLEMS RELATING TO EDUCATION by 21 cities. LACK OF AFFORDABLE HOUSING was next, cited by 14

cities, followed by TEENAGE PREGNANCY, which was listed by 12; ACCESS TO HEALTH AND MENTAL HEALTH CARE by 10 and UNEMPLOYMENT, by nine.

- Listing SUBSTANCE ABUSE were Alexandria, Boston, Brockton, Camden, Chicago, Columbus, El Paso, Fort Worth, Houston, Jersey City, Kansas City, Lincoln, Lynchburg, New Haven, New Orleans, Norfolk, Phoenix, Portland, Raleigh, Scottsdale, Somerville, Trenton, Warwick and Washington, D.C. Eleven of the 24 cities ranked substance abuse as the most serious problem facing low-income children. Ninety-two percent (22) said it had increased over the last five years.

- Citing THE SHORTAGE OF AFFORDABLE, QUALITY CHILD CARE were Albuquerque, Alexandria, Boston, Brockton, Cambridge, Charlottesville, Dade County, Dallas, Davis, Evanston, Fort Worth, Houston, Indianapolis, Lincoln, Oakland, Redmond, San Antonio, San Diego, Santa Barbara, Santa Monica, Somerville, West Hollywood. Six cities listed child care as the most critical problem facing low-income children. Eighty-six percent (19) said the shortage of affordable, quality child care had increased over the last five years.

- The cities citing PROBLEMS RELATING TO EDUCATION were Albuquerque, Buffalo, Camden, Cambridge, Chicago, Columbus, Dallas, El Paso, Fort Worth, Indianapolis, Irvine, Kansas City, Lincoln, Lynchburg, New York City, Phoenix, Rochester, San Diego, Scottsdale, Seattle and Virginia Beach. Eleven of these specifically mentioned the drop-out problem. Five cities listed education as the most serious problem facing low-income children. Eighty-one percent (17) said it had increased over the last five years.

- THE LACK OF AFFORDABLE HOUSING was listed by Alexandria, Brockton, Cambridge, Camden, Davis, Jersey City, New Haven, Phoenix, Rochester, Santa Barbara, Santa Monica, Scottsdale, Trenton and West Hollywood. Five cities listed it as the most serious problem facing low-income children. Ninety-three percent (13) of these cities said it had increased over the last five years.

- Listing TEENAGE PREGNANCY were Buffalo, Columbus, El Paso, Fort Worth, Kansas City, Lynchburg, New Orleans, Oakland, Raleigh, Rochester, Virginia Beach and Washington, D.C. Three-fourths (9) of the 12 cities said the problem had increased over the last five years.

- ACCESS TO HEALTH AND MENTAL HEALTH CARE was listed by Boston, Charlottesville, Dade County, Dallas, Norfolk, Philadelphia, Santa Barbara, Santa Monica, Somerville and West Hollywood. Eighty percent of the 10 cities said the problem had increased over the last five years.

- Citing EMPLOYMENT PROBLEMS were Buffalo, Chicago, Irvine, Lincoln, New York City, Norfolk, Oakland, Portland and Raleigh. Seventy-eight percent (7) of these nine cities said these problems had increased over the last five years.

Other problems faced by low-income children cited by the cities were:

- CHILD ABUSE AND NEGLECT, by Albuquerque, Lincoln, Philadelphia, Portland, San Antonio, Seattle and Warwick;

- HOMELESSNESS, by Irvine, New York City, Seattle, Somerville and Washington, D.C.;

- POVERTY, by Charlottesville, Dade County, Evanston, Irvine, and Warwick;

- INFANT MORTALITY, by Dallas, Indianapolis, Oakland and San Antonio.

ACTIONS TO REMEDY THESE PROBLEMS

The city officials called for a wide variety of actions by all levels of government and the private sector to remedy the problems which children in their cities face. Twelve cities suggested comprehensive approaches to meeting children's needs. Included among them:

> "A total community effort involving local governments, businesses, schools and community organizations with greater financial assistance from state and federal government is needed to address these and other problems. In Boston, for example, we have put together a wide range of 'public-private partnerships' to mobilize scare local resources for addressing critical needs." — Boston

> "A comprehensive national intervention on behalf of children is warranted. Cuts that have been made in programs benefiting children should be restored. Funding for those programs which invest in our children's future through preventive cost-effective services should be increased at the local, state and national levels." — Houston

> "All of these issues need to be addressed by the entire community. In Indianapolis, City Hall has taken the lead in initiating action, but relies on partnerships with other elements of the community to solve them." — Indianapolis

> "The Congress, urged by a new President, must adopt a budget that cuts military spending by $100 billion or more and reinvests these funds in our cities, towns and people. Give us the resources, we'll do the job!" — Irvine

> "Federal, state and local resources must be provided to sustain educational and community resources for children and their families." — Santa Barbara

The city officials also addressed many of the specific problems which children face:

DRUG ABUSE

Included in the cities' suggestions were a wide range of actions which would reduce both the supply and demand aspects of the drug abuse problem

through stepped-up enforcement of drug laws, expanded prevention and education efforts and an increase in the availability of drug treatment. Among the specific responses:

A combination of demand and supply controls, more federal funding and increased awareness and education, by Phoenix;

Increased law enforcement and community education efforts, by Jacksonville;

Increased federal and state funding for additional programs, such as inpatient drug treatment, by Jersey City;

More detoxification and treatment facilities which serve children, by Brockton;

Federal prevention and education programs, by New Haven;

Prevention efforts in elementary schools, programs to help children build self-esteem, parental acceptance of responsibility for parenting, by Scottsdale;

Interesting recreational activities for young people, opportunities for positive social interaction and a peer-support system, by El Paso; and

Programs which build self-esteem and alternatives to peer pressure to use drugs, by Alexandria.

Philadelphia officials said the drug laws should be enforced; treatment provided; public awareness of associated problems, such as child abuse and birth defects, enhanced; and their should be an infusion of funds for this national problem to enable a comprehensive assault by city departments.

The war on drugs should be and is being fought in the schools, churches, police departments, courts, homes, and the community at large. Children need to learn they can be somebody without being a pusher's lookout or runner, according to Kansas City officials.

EDUCATION

The cities cited their on-going efforts, which include substantial public/private partnerships, the need for a variety of comprehensive and specific approaches to dealing with problems relating to education, and the necessity of increased funding:

"Increase federal, state and local resources targeted to low-income children." -- Cambridge

"Education reform is actively being pursued on a number of fronts which include the community and parents, business, labor, government and the state legislature." -- Chicago

"The public school system is working to alleviate its deficiencies in quality and segregation through a comprehensive magnet school network. The school board, civic, business and government leaders, and the general public, need to support these efforts and closely monitor their progress." -- Kansas City

"Increase involvement of business and local government and increase parental involvement." -- Phoenix

"Provide funding (federal and/or state) for compensatory programs." -- Trenton

Among the more specific suggestions, Redmond called for additional funding for Head Start; Camden for more parental involvement; Scottsdale for building self-esteem and encouraging responsible behavior among students; El Paso for smaller class sizes, more interesting curriculum, more activities outside of the classroom, greater variety in education programs for students of varying levels of ability; and New York City for additional guidance counselors, expanded high school options and new and expanded work-study programs (all intended to address that city's drop-out problem).

CHILD CARE

Most of the city official's recommendations to address the shortage of affordable, quality child care related to the need for increased funding, primarily federal. Specifically, the cities said:

"Declare child care a major federal domestic priority; increase funding for subsidies and offer incentives for employers to establish programs; increase funds at the state and county levels and encourage public/private partnerships and programs with schools to provide extended day care." -- West Hollywood

"A major initiative is needed to increase employer-based child care, family day care, and day care subsidies for low-income families by the government." -- Santa Monica

"Mobilize additional local, state, federal and private resources for child care, early childhood development and parent training programs; increase the child care reimbursement rate for children in publicly-assisted day care programs." -- Albuquerque

"More child care slots and better pay to attract qualified child care workers." -- Cambridge

"Increase the pool of low-income child care through vouchering." -- San Antonio

Redmond said Congress should pass legislation in support of child care, especially to help low- and-moderate income persons. Somerville called for passage of the Act for Better Child Care. Brockton called for more federal funds to develop facilities, Charlottesville for more federal and state funding of the Social Services Block Grant, Davis and Jacksonville for

increased federal funding generally. Evanston said income and services for low-income families should be increased.

AFFORDABLE HOUSING

Most of the recommendations relating to the shortage of affordable housing call for initiatives that would increase the supply. Alexandria called for a major affordable housing initiative, New Haven for increased housing development, Phoenix for more private sector involvement and more federal funding, Santa Monica for increasing the housing stock through government financing, Trenton for additional federal funding and West Hollywood for increased federal and state support for new and existing housing programs and subsidies. More specifically, Cambridge cited the need for the construction and rehabilitation of low-income housing and the development of transitional and supportive housing for teens. To prevent and respond to homelessness, New York City described its homeless prevention plan which identifies families at risk of being homeless and its efforts to target permanent housing for homeless families and provide them with relocation services.

TEENAGE PREGNANCY

To prevent and respond to teenage pregnancy the cities recommended preventive and educational programs as well as efforts aimed at building self-esteem and resisting peer pressure. Kansas City discussed the need to address self-worth and self-image and to provide basic reproductive education through parents, schools, churches and at teen gathering places. Jacksonville called for school-based education programs which teach prevention, Virginia Beach for the implementation of prevention strategies. El Paso cited the need for interesting recreational activities, opportunities for positive social interaction and a peer-support system, as well as opportunities for young mothers to complete their education at-home.

HEALTH CARE

The cities addressed several different actions that would address the lack of access to health care by many children. The availability of more and better prenatal care was cited by Redmond, San Antonio and West Hollywood, the need for an expanded Medicaid program by Charlottesville and Redmond. Charlottesville and West Hollywood called for more employer-provided health insurance, and West Hollywood also for a national health insurance plan. Dallas and Santa Monica called for more state support of local health programs.

OTHER PROBLEMS

The city officials also made recommendations regarding other problems which children face.

To address EMPLOYMENT problems, Chicago called for strengthening the city's economic base to create jobs; Oakland cited its Mayor's Summer Youth Job Program which solicits jobs from businesses; and Raleigh called for additional federal funding.

On the problems of POVERTY, Charlottesville called for welfare reform which includes a mandatory unemployed parent program and adequate minimum benefit levels, and for increasing the minimum wage; Virginia Beach for strengthening self-support and self-sufficiency, as was done in that city's AFDC Welfare Demonstration Project.

To meet the problems of HUNGER among children, New Haven cited the need for additional resources for food banks and school meal programs and Redmond called for additional funding for the Women, Infants and Children Supplemental Food Program (WIC).

To address the problems of CHILD ABUSE Albuquerque and San Antonio both called for strengthening prevention efforts, Albuquerque also for increasing detection, intervention and treatment as well as the number of beds in homes which provide substitute care to victims.

POVERTY AND PUBLIC ASSISTANCE

POVERTY

Nearly three out of every ten children in the survey cities is estimated to have lived in poverty in 1986. One in five persons of all ages in the survey cities is estimated to have lived below the poverty line that year. The percentage of persons living below the poverty level is estimated to have increased by 13.8 percent in the survey cities between 1979 and 1986, from 18.1 percent to 20.6 percent. Among children, the rate is estimated to have increased by 16.2 percent from 1979 to 1986, from 25.3 percent to 29.4 percent. As the chart below shows, the poverty rates for the survey cities are higher than that for all central cities, and than that for the entire United States:

	POVERTY RATE 1979	POVERTY RATE ESTIMATED 1986	CHILD POVERTY RATE 1979	CHILD POVERTY RATE ESTIMATED 1986
52 Survey Cities	18.1%	20.6%	25.3%	29.4%
All Central Cities	15.7%	18.0%	24.2%	28.5%
United States	11.6%	13.6%	16.0%	19.8%

More than one-fourth of the residents of Camden, Chicago, Davis, Hartford, New Haven and New Orleans are estimated to have lived below the poverty line in 1986. More than one-fourth of the children of Boston, Buffalo, Camden, Chicago, Columbus, El Paso, Hartford, Jacksonville, Jersey City, New Haven, New Orleans, New York City, Norfolk, Oakland, Philadelphia, Rochester, San Antonio, Trenton and Washington, D.C. are estimated to have lived below the poverty level in 1986. The chart on page 23 provides information on the population and poverty rates for children and the entire population of each of the survey cities. (Data was not available for Redomond and West Hollywood.)

The child population of each city in 1986 was estimated from Census data on the size of the zero to four and five to 17 age groups in the cities in 1980, Census Bureau estimates of the overall population of the cities in 1986, and Census survey data on the nationwide change in the sizes of the pre-school and school-aged child populations between 1980 and 1986. Overall poverty rates and child poverty rates were estimated from 1980 Census data on what the rates were in 1979 plus Census Bureau survey data on how these poverty rates had changed between 1979 and 1986 for the population in the central cities of the nation's Standard Metropolitan Statistical Areas.

PUBLIC ASSISTANCE

An average of 21 percent of the children in the survey cities are recipients of cash assistance, either AFDC (Aid to Families with Dependent

Children) or general assistance. An average of 19 percent of the children in these cities receive Food Stamps. In contrast, 10 percent of the total population of the survey cities receives AFDC or general assistance and nine percent receives Food Stamps. Nationally, 12 percent of all children receive AFDC and about 16 percent receive Food Stamps.

AFDC AND GENERAL ASSISTANCE

Those survey cities in which more than one-third of the children receive AFDC or general assistance are Camden, Chicago, Hartford, New Haven and Trenton. By contrast, less than 10 percent of the children in Albuquerque, Alexandria, El Paso, Evanston, Hampton, Santa Monica and Warwick receive AFDC or general assistance.

More than one-fifth of the total population receives AFDC or general assistance in Camden, Hartford, Indianapolis and Portland. Less than five percent of the total population receives such assistance in Albuquerque, Alexandria, Brockton, Cambridge, Charlottesville, Evanston, Hampton, Irvine, Kansas City, Lincoln, Nashville, Phoenix, Santa Monica, Somerville and Warwick.

FOOD STAMPS

Those survey cities in which 30 percent or more of the children receive Food Stamps are Camden, Chicago, El Paso, Hartford, Jersey City, New Haven, New Orleans, New York City, Philadelphia and Trenton. Less than 10 percent of the children receive Food Stamps in Alexandria, Dallas, Evanston, Hampton, Irvine, Jacksonville, Lincoln, Lynchburg, Portland, Santa Monica, Somerville, Virginia Beach and Warwick.

More than 15 percent of the total population receives Food Stamps in Camden, Chicago, El Paso, Hartford, Jersey City, New Orleans and Philadelphia. Less than five percent of this population receives Food Stamps in Alexandria, Boston, Dallas, Evanston, Irvine, Jacksonville, Lincoln, Lynchburg, Santa Monica, Somerville, Virginia Beach and Warwick.

The chart on page 24 provides information for the cities that were able to provide information on the numbers of AFDC, general assistance and Food Stamp recipients in their city.

POPULATION AND POVERTY DATA FOR THE SURVEY CITIES

CITY	1986 POPULATION	CHILD POP. (est.)	POVERTY RATE (1979)	CHILD POV.RTE. (1979)	1986 POV.RTE (est.)	CHILD POV.RTE. (est.86)
Albuquerque, NM	367	96	12.4%	15.8%	14.2%	18.6%
Alexandria, VA	108	19	9.0%	15.9%	10.3%	18.7%
Austin, TX	467	108	15.8%	17.0%	18.1%	20.0%
Boston, MA	574	116	20.2%	30.9%	23.1%	36.4%
Brockton, MA	94	26	12.6%	18.0%	14.4%	21.2%
Buffalo, NY	325	77	20.7%	30.7%	23.7%	36.2%
Cambridge, MA	91	13	15.1%	20.4%	17.3%	24.0%
Camden, NJ	83	29	36.9%	51.9%	42.3%	61.1%
Charlottesville, VA	41	7	21.0%	15.6%	24.1%	18.4%
Chicago, IL	3,010	800	23.0%	30.8%	26.4%	36.3%
Columbus, OH	566	137	16.5%	21.3%	18.9%	25.1%
Dade County, FL	1,770	396	15.0%	19.6%	17.2%	23.1%
Dallas, TX	1,004	253	14.2%	20.4%	16.3%	24.0%
Davis, CA	41	7	25.1%	11.3%	28.8%	13.3%
El Paso, TX	492	161	21.2%	28.7%	24.3%	33.8%
Evanston, IL	72	13	7.1%	6.4%	8.1%	7.5%
Fort Worth, TX	430	109	13.9%	18.6%	15.9%	21.9%
Hampton, VA	126	34	11.7%	16.8%	13.4%	19.8%
Hartford, CT	138	37	25.2%	39.3%	28.9%	46.3%
Houston, TX	1,729	459	12.7%	17.0%	14.6%	20.0%
Indianapolis, IN	720	193	11.5%	15.6%	13.2%	18.4%
Irvine, CA	88	23	3.6%	2.8%	4.1%	3.3%
Jacksonville, FL	610	164	16.0%	22.2%	18.3%	26.2%
Jersey City, NJ	219	60	21.2%	33.3%	24.3%	39.2%
Kansas City, MO	441	109	13.2%	17.5%	15.1%	20.6%
Lincoln, NE	183	40	8.9%	8.5%	10.2%	10.0%
Lynchburg, VA	68	18	13.1%	17.3%	15.0%	20.4%
Nashville, TN	474	111	12.6%	17.6%	14.4%	20.7%
New Haven, CT	123	29	23.2%	35.3%	26.6%	41.6%
New Orleans, LA	555	150	26.4%	38.7%	30.3%	45.6%
New York, NY	7,263	1,699	20.0%	31.8%	22.9%	37.5%
Norfolk, VA	275	64	20.7%	30.5%	23.7%	35.9%
Oakland, CA	357	81	18.5%	28.0%	21.2%	33.0%
Philadelphia, PA	1,643	397	20.6%	30.0%	23.6%	35.3%
Phoenix, AZ	894	243	11.1%	13.7%	12.7%	16.1%
Portland, OR	388	80	13.0%	16.1%	14.9%	19.0%
Raleigh, NC	180	37	12.2%	14.3%	14.0%	16.8%
Redmond, WA	30	8	n.a.	n.a.	n.a.	n.a.
Rochester, NY	236	59	17.5%	26.6%	20.1%	31.3%
San Antonio, TX	914	275	20.9%	28.9%	24.0%	34.0%
San Diego, CA	1,015	230	12.4%	16.6%	14.2%	19.6%
Santa Barbara, CA	79	13	11.0%	14.2%	12.6%	16.7%
Santa Monica, CA	93	14	9.9%	12.4%	11.3%	14.6%
Scottsdale, AZ	111	24	5.6%	5.0%	6.4%	5.9%
Seattle, WA	486	80	11.2%	13.4%	12.8%	15.8%
Somerville, MA	72	14	12.4%	16.9%	14.2%	19.9%
Trenton, NJ	91	25	21.2%	31.6%	24.3%	37.2%
Tucson, AZ	359	86	14.7%	16.7%	16.8%	19.7%
Virginia Beach, VA	333	95	8.9%	13.0%	10.2%	15.3%
Warwick, RI	87	21	6.6%	8.9%	7.6%	10.5%
Washington, DC	626	131	18.6%	27.0%	21.3%	31.8%
West Hollywood, CA	38	10	n.a.	n.a.	n.a.	n.a.
SURVEY CITIES	30,579	7,481	17.6%	25.3%	19.9%	29.4%
ALL CENTRAL CITIES	73,758	18,524	15.7%	24.2%	18.0%	28.5%
UNITED STATES	241,078	63,271	11.6%	16.0%	13.6%	19.8%

SOURCE: BUREAU OF THE CENSUS

CITY DATA ON PUBLIC ASSISTANCE

CITY	% OF POPULATION RECEIVING AFDC & GENERAL ASSISTANCE	% OF POPULATION RECEIVING FOOD STAMPS	% OF CHILD POPULATION RECEIVING AFDC & GENERAL ASSISTANCE	% OF CHILD POPULATION RECEIVING FOOD STAMPS
Albuquerque, NM	3.4%	8.4%	8.2%	16.3%
Alexandria, VA	1.9%	3.0%	6.7%	8.8%
Austin, TX		6.7%		19.1%
Brockton, MA	9.3%	5.9%	21.1%	13.3%
Cambridge, MA	3.4%	5.1%	12.3%	19.9%
Camden, NJ	32.5%	32.4%	63.6%	64.1%
Charlottesville, VA	3.7%	6.8%	13.1%	
Chicago, IL	18.4%	16.7%	37.6%	40.5%
Dade County, FL	4.6%	8.4%	14.7%	18.8%
Dallas, TX		3.6%		7.0%
El Paso, TX	5.1%	17.7%	8.6%	36.1%
Evanston, IL	2.3%	3.0%	7.4%	9.0%
Fort Worth, TX	8.3%	9.2%	22.4%	23.5%
Hampton, VA	3.3%	5.1%	8.1%	9.5%
Hartford, CT	23.2%	19.2%	51.7%	35.3%
Houston, TX	14.5%	13.0%		21.8%
Indianapolis, IN	26.8%	6.8%	24.1%	12.7%
Irvine, CA	.2%	.0%		.0%
Jacksonville, FL		2.3%		4.3%
Jersey City, NJ	13.1%	22.1%		40.4%
Kansas City, MO	4.0%	6.3%	10.6%	16.4%
Lincoln, NE	1.1%	2.5%		5.6%
Lynchburg, VA		3.2%		5.9%
Nashville, TN	4.6%	8.9%	13.2%	18.9%
New Haven, CT	15.2%	12.1%	40.4%	33.0%
New Orleans, LA	12.1%	23.1%	31.7%	44.9%
New York, NY	11.2%	13.5%	26.9%	32.0%
Norfolk, VA	5.8%	10.6%		22.9%
Philadelphia, PA	16.2%	18.6%		38.5%
Phoenix, AZ	3.0%	5.7%		14.5%
Portland, OR	21.7%	6.0%		3.2%
Rochester, NY	18.7%	6.3%		12.5%
San Antonio, TX		12.6%		20.9%
Santa Monica, CA	1.7%	.3%	6.8%	.8%
Scottsdale, AZ		13.0%		30.6%
Somerville, MA	4.5%	1.3%	13.6%	3.3%
Trenton, NJ	15.4%	14.1%	36.5%	30.2%
Virginia Beach, VA		2.6%		5.5%
Warwick, RI	2.0%	2.1%	4.5%	4.7%
Washington, DC	8.5%	9.5%	29.5%	23.7%
AVERAGE	9.5%	9.0%	21.4%	19.3%
U.S. AVERAGE	5.2%	8.0%	11.7%	15.6%

SOURCE: Survey Cities and Bureau of the Census

CHILD CARE AND EARLY CHILDHOOD EDUCATION

CHILD CARE

The lack of affordable, quality child care was clearly identified as a critical problem facing children in the survey cities. For low-income children it was the second most frequently cited problem, for all children the third. The city officials also provided specific information on the availability of child care in their cities, its costs and the degree to which child care needs go unmet.

Across the survey cities there are sufficient day care slots to serve an average of 37 percent of the children under six. It is impossible to know how many of these children in the survey cities are in need of day care, but it is known that nationally one-half of the children under six have mothers who work outside of the home. Cities with sufficient slots for half of its population under six are Austin, Evanston, Raleigh, Redmond, Santa Barbara, Santa Monica and Washington, D.C. Cities which had sufficient slots for one-fifth or less of its population under six are Brockton, Chicago, Hartford, Lynchburg, New York City, Norfolk, Rochester, Trenton and West Hollywood.

According to the city officials' estimates, the average wait for subsidized day care in the responding cities is 38 weeks. The wait is estimated to be one year or more in Cambridge, Evanston, Hartford, Irvine, Dade County, San Diego, Santa Barbara, Santa Monica, Somerville, Trenton and Washington, D.C. It is estimated to be two years in Boston, Davis, New Orleans and West Hollywood. In contrast, they estimate the average wait for subsidized day care is six weeks in El Paso, Fort Worth and Philadelphia, four weeks in Albuquerque and Brockton, and two weeks in Phoenix. There is no wait in Hampton, Kansas City and Warwick.

The estimated average wait for unsubsidized day care in the responding cities is 18 weeks. The wait is estimated to be two years in Boston and one year in Hartford, Irvine, Dade County, Raleigh, Santa Barbara and Somerville. The wait is estimated at two weeks or less in Evanston, Fort Worth, Hampton, and New York City. There is no wait for unsubsidized care in Austin, Houston, Kansas City, New Haven, Phoenix and Santa Monica.

Across the survey cities, officials estimate that 45 percent of the need for licensed child care goes unmet. The unmet need ranges from 87 percent in Oakland, 80 percent in Lincoln, 77 percent in New York City, and 72 percent in San Diego to one-fourth in Brockton, El Paso and Houston, 12 percent in Hampton and 10 percent in Camden.

The city officials were asked to describe what they believe happens to those children who need day care, but for whom it is not available. The officials in the survey cities commented that:

- the children were left with relatives or older siblings (30 cities);
- the children were left unsupervised, as latch-key children (29 cities);

- the children were left in unlicensed care (17 cities);

- the children were left with friends and neighbors (17 cities);

- the parents were unable to take jobs, and in some cases were forced to be dependent on public assistance (16 cities);

The average cost of center-based child care in the survey cities is estimated to be $78 per week. The estimated weekly costs are over $100 in Cambridge, Irvine, New Haven, New York City, Rochester, Santa Barbara, Santa Monica, Somerville and West Hollywood. They are $60 or under in Albuquerque, Austin, Camden, El Paso, Hampton, Houston, Jacksonville, Kansas City, Dade County, New Orleans, Norfolk, Raleigh, San Antonio, Scottsdale and Trenton.

The average cost of home-based child care is estimated to be $73 per week in the survey cities. The estimated cost averages $100 or more each week in Cambridge, Evanston, Irvine, New Haven, Philadelphia, Santa Monica and Somerville. The cost is $60 or less per week in Albuquerque, Camden, Charlottesville, Dallas, El Paso, Hampton, Hartford, Houston, Kansas City, Lincoln, Dade County, Nashville, New Orleans, Norfolk, Phoenix, Portland, Raleigh, San Antonio and Scottsdale.

An average of 35 percent of the public elementary schools in the survey cities offer after-school child care.

- All of the schools offer after-school care in Albuquerque, Charlottesville, Fort Worth and Scottsdale;

- More than four-fifths of the schools offer after-school care in Alexandria, Dade County, Santa Barbara and Santa Monica;

- One-fifth or less of the schools offer after-school care in Boston, Camden, Davis, Hampton, Hartford, Indianapolis, Kansas City, Phoenix, Raleigh, Rochester, San Antonio and Warwick; and

- No schools offer such care in Brockton, Cambridge, El Paso, Lincoln, New Haven, Norfolk, Philadelphia and Trenton.

EARLY CHILDHOOD EDUCATION

One-half of the survey cities reported that local public elementary schools offer some pre-school education for four-year-olds, and in these cities an average of 39 percent of the schools offer such education. The percentage of schools offering pre-school education ranges from 100 percent in Boston, El Paso and Washington, D.C., 98 percent in San Antonio, 89 percent in Santa Monica and 80 percent in Philadelphia to 10 percent or less in Houston, Irvine, Nashville, Phoenix, Portland, Redmond and Tucson. Eleven cities reported that local public elementary schools did not offer pre-school education. The remaining cities either did not have the information available or did not answer the question.

The survey cities were asked to provide information on the number of children currently enrolled in Head Start and the number currently on the waiting list. Across the survey cities, the waiting lists represented 26 percent of the number of children enrolled in Head Start. Fort Worth, Hampton and Kansas City all had more children on the waiting list than are currently enrolled. Cities in which the waiting list represented one-half or more of the enrollment level were Dade County, Philadelphia, Raleigh, San Antonio and Somerville. The Head Start waiting list comprised 20 percent or less of the enrollment level in Albuquerque, Brockton, Charlottesville, Lincoln, Oakland, Redmond and Tucson.

SCHOOL DROPOUT PROBLEMS

Problems relating to education were cited third most frequently as a critical problem, from the mayor's point of view, which the survey cities face. Education problems were listed second as the most serious problem facing all children in the survey cities, and third as the most serious problem facing low-income children in the survey cities. Key among these education-related problems were those relating to dropouts. The city officials also provided specific information on school dropout rates and described a host of programs supported with city government funds which aim at preventing students from dropping out of school.

SCHOOL DROPOUT INFORMATION

There is much controversy about how to measure the dropout rate, and comparable data on dropout rates are not currently available for cities across the nation. To estimate the dropout rate uniformly in the survey cities, the city officials were asked to provide the enrollment and graduation history for the class of 1988, beginning with the fall of 1984 when that class entered ninth grade. The enrollment and graduation data were used to calculate the dropout rate from year to year and at the time of graduation. Overall, the data showed that from ninth grade to graduation there was an average dropout rate of 38 percent. From 10th grade to graduation the dropout rate averaged 30 percent. The dropout rate was calculated from both ninth and tenth grades because some students enter high school in ninth grade, others enter it in tenth. The chart below shows the decline in class size in the survey cities from year-to-year:

	Number Enrolled	Percentage of 1984 Level
Ninth Grade, 1984	193,104	—
Tenth Grade, 1985	171,281	89%
Eleventh Grade, 1986	150,358	78%
Twelfth Grade, 1987	131,461	68%
Graduation, 1988	119,366	62%

The fact that there are progressively smaller numbers of students at each step between ninth grade and graduation does not mean that all of the lost students failed to attain a diploma. Some moved to high schools in other jurisdictions, some transferred to private or parochial schools, and others were held back. On the other side, of course, some students transferred into the school system. Unfortunately school record systems in most cities do not allow one to sort out the different sources of student losses or gains.

A wide range in the dropout rate was evident when it was calculated for the individual cities. From ninth grade in 1984 to graduation in 1988, cities which had a dropout rate of 50 percent or more were Boston, Camden,

Dallas, Jersey City, Kansas City, Norfolk, San Antonio and Trenton. Those with a dropout rate below 20 percent between ninth grade and graduation were Alexandria, Cambridge, Hampton, Lincoln, Redmond and Santa Barbara. From tenth grade in 1985 to graduation in 1988, Kansas City and Trenton had a dropout rate of 50 percent or more. Those with a dropout rate of 20 percent or below between tenth grade and graduation were El Paso, Lincoln, Raleigh, Redmond, Santa Barbara, Santa Monica and Warwick.

Below is a list of the survey cities and the percentage of students which dropped out between ninth grade in the fall of 1984 and graduation in the spring of 1988 and between tenth grade in the fall of 1985 and graduation in the spring of 1988:

CITY	DROPOUT RATE FROM NINTH GRADE	DROPOUT RATE FROM TENTH GRADE
Albuquerque	21%	21%
Alexandria	19%	25%
Boston	55%	44%
Brockton	48%	29%
Buffalo	38%	29%
Cambridge	15%	27%
Camden	52%	33%
Dade County	29%	30%
Dallas	62%	46%
El Paso	36%	10%
Fort Worth	41%	32%
Hampton	17%	21%
Houston	45%	27%
Indianapolis	29%	24%
Jacksonville	30%	37%
Jersey City	60%	37%
Kansas City	58%	50%
Lincoln	16%	16%
Nashville	24%	31%
New Haven	31%	23%
New Orleans	45%	38%
Norfolk	71%	37%
Phoenix	26%	28%
Raleigh	28%	19%
Redmond	16%	14%
Rochester	50%	42%
San Antonio	55%	35%
San Diego	26%	26%
Santa Barbara	16%	19%
Santa Monica	21%	20%
Seattle	47%	32%
Somerville	36%	32%
Trenton	61%	59%
Virginia Beach	32%	32%
Warwick	24%	19%
Washington, D.C.	40%	43%

CITY DROPOUT PREVENTION PROGRAMS

More than 60 percent (32) of the survey cities reported that they provide support to programs which aim at encouraging students to stay in school. Among the programs described by the city officials are:

ALEXANDRIA

ADULT LEARNING CENTER

The Adult Learning Center operates an Adult Basic Education program which provides instruction in the basic skills needed for daily living, including math, reading, writing, spelling, science and social studies. Upon completion, students are eligible to enroll in a high school diploma or a GED program. The program served 149 youth during the 1987-1988 school year.

HOMEBOUND INSTRUCTION

Homebound Instruction is provided to students in public schools, kindergarten through 12th grade, who are unable to attend school due to medical illness, emotional incapacitation or pregnancy complications. Students receive five hours of instruction per week. The program, which served 74 students during the 1987-1988 school year, is funded by a combination of City and State funds.

PROGRAM FOR SCHOOL-AGE PARENTS

Classes are conducted weekly to provide adolescent parents with instruction in prenatal care and counseling. The program is offered to female and male school-age parents. Funded by a combination of City and State funds, the program served 50 youth during the last school year.

SECONDARY SCHOOLS OCCUPATIONAL CENTER

The Center serves as an alternative vocational training center for students 15 and older who may not be able to cope with a full-day program at the regular high school level, are not college bound, and who are interested in job training. City and State funds are used to fund the program, which served 165 students during FY88.

ALTERNATIVE TO HOME SUSPENSION PROGRAM

This program is a joint project of the Alexandria City Public Schools and the Office on Youth Services. Initiated as a pilot by the Office, the program seeks to provide structured supervision and educational support services to youth who are suspended from school for three to 10 days. Supported with State and City funds, the program served 178 students during FY88.

EMPLOYMENT TRAINING PROGRAM

The Employment Training Program provides special training for unemployed and underemployed residents. Established in 1979, the program

offers remedial education, vocational training, counseling and job search assistance. Classes include building maintenance and repair, adult basic education and general equivalency development, clerical occupations and job search. The program also offers an in-school youth program for students who are interested in work after school or on weekends. The program is funded by Federal, State and City governments, and served 57 youth during the last school year.

ALBUQUERQUE: BUSINESS EDUCATION COMPACT

The Albuquerque Business Education Compact is a program designed to combat high dropout rates among area youth. A replica of the Boston Compact, ABEC is a coalition of the city government, Albuquerque Public Schools and the local business community. It provides a multi-faceted program targeted to youths at risk of dropping out of school, beginning with those at the junior high level.

AUSTIN: COMPREHENSIVE APPROACH TO DROPOUT PREVENTION

The City of Austin provides over $450,000 in funds to nearly 20 different dropout prevention programs which are operated by various City departments and by community-based organizations under contract with the City. Among the programs:

- The First Offender Early Diversion Program, operated by the Police Department in partnership with Communities in Schools Inc., provides information, referral and diversion services to pre-delinquent youth.

- Communities in Schools, Inc., operated in partnership with the Parks and Recreation Department, provides recreational and nature activities four-hours-a-week at two locations during the summer months for first through ninth graders.

- The School Dropout Prevention Program encourages Housing and Community Services Department employees to volunteer their time to a dropout prevention program of their choice.

- The American Institute for Learning, Inc. provides an alternative education program for dropouts and academic and functional skills training.

- Community Advocates for Teens and Parents, Inc., with funds from the Housing and Community Services Department, assists pregnant teens to remain in school or secure employment. Its outreach efforts also focus on teen pregnancy prevention.

- South Austin Youth Services Inc.'s Stay in School Program provides tutoring, counseling, crisis information and employment assistance.

- The South Austin Neighborhood Youth Bureau, Inc. has a Buddy Program which provides incentives for improving school attendance among elementary school students.

BOSTON

BACK-TO-SCHOOL

Back-To-School is a transitional, remedial, school attendance reentry program. Its goal is to take youth off the streets and send them back to school. Sixty youths are currently involved in the program, which is targeted to dropouts between the ages of 12 and 15. Accredited by the Boston Public Schools, it provides remedial education to these youths for five hours a day, five days per week. Recognizing that social and psychological factors are also involved in a child's decision to leave school, the program also provides individual counseling and advocacy to the youths.

CITY ROOTS

To complement the ever-expanding system of alternative education linked to Boston's public school system, the City of Boston also offers educational services to youth between the ages of 16 and 18 who drop out of school. This program, City Roots, provides tutoring sessions in GED preparation five days per week, five hours per day during the academic year. The sessions cover basic skills instruction, as well as job development and career and vocational counseling. The program has an 80 percent retention rate.

ACCESS

Run by the Boston Plan for Excellence in Public Schools, the ACCESS program provides financial advice and support to high school seniors who will be attending college to obtain a bachelors degree. Project staff remain in touch with the students throughout their college career. The program is supported by a $5 million endowment from the Boston Plan for Excellence in Public Schools. It includes a Last Dollar Scholarship program which gives the remaining funds needed to high school seniors after they have applied for federal and state funds.

THE BOSTON COMPACT

The Boston Compact was established in 1982 to provide incentives for the Boston Public Schools to improve the quality of education. It is an agreement among the schools, trade unions, area colleges and businesses. The school system promises to improve attendance, reduce the dropout rate and improve the overall standing of Boston public school students in national standardized tests. In return, area colleges pledge uncompromised admissions to their schools, trade unions promise to accept area high school graduates into their workforce and the private sector provides jobs for students -- part-time during the summer, full-time after graduation.

CAMBRIDGE: THE HUMAN SERVICE COLLABORATIVE

The Human Service Collaborative, which is a joint effort of the Department of Human Services and the Cambridge School Department, established student support teams in five elementary schools during its first year of operation. The teams consist of various school personnel and a member of a local human services agency. They are intended to provide

support services to youth who were experiencing emotional, behavioral or academic difficulties.

CHARLOTTESVILLE

PROJECT SOAR

Administered by the Charlottesville Youth Service Center and funded with local and state correctional monies, Project SOAR's goal is to prevent troubled youth from dropping out of school. It counsels middle school students at risk of dropping out, providing one-to-one counseling sessions with the youth and, when needed, family counseling. The outreach component addresses the need to treat the youth in his or her home environment. The program's orientation is distinctly therapeutic rather than educational.

PROJECT DISCOVERY

Project Discovery is an educational program administered by the Monticello Area Community Action Agency. It is supported by Community Development Block Grant funds as well as County and State funds. Its goal is to provide low-income middle and high school youth with the skills necessary to function more effectively in school and to introduce them to higher education options. The program's objectives are to increase self-awareness and academic achievement among middle school students, to promote improved academic performance and academic/career planning among students in their first two years of high school and to increase family support of student interests and needs through staff contact with parents of program participants.

CHICAGO: DROPOUT PREVENTION PROGRAMS

The public school system operates special schools for youth with behavioral problems, pregnant teens, and other at-risk youth and special programs for schools and populations with high dropout rates. In addition, the city college system provides programs aimed at dropouts and at-risk youth. Through the Department of Human Services, the City operates a small program (P.A.T.H.) aimed at dropouts and at-risk youth and funds an umbrella group of various community organizations that work with dropouts.

DALLAS: COMMUNITIES-IN-SCHOOLS

The City of Dallas is providing a full-time caseworker for two years to the Communities-in-Schools Program, which is also supported by corporate sponsors who contribute funds and provide staff.

EVANSTON: EARN & LEARN PROGRAM

The Earn & Learn Program serves 94 youth, grades six through nine, who have attendance and behavior problems and are at risk of dropping out of school. The structured program includes a five week summer camp experience, behavior modification in school on a daily basis, counseling, and employment in a sheltered workshop environment. Parental involvement is required. The program has had impressive results in terms of improved attendance, behavior and grade point average among its participants. It is funded by two school

districts, the City of Evanston, the United Way, the Private Industry Council and private fund raising efforts.

HARTFORD: DROPOUT PREVENTION PROGRAM

The Hartford public school system's Dropout Prevention Program is supported by funds from the City, State, and Federal governments, as well as from private and public foundations and the Greater Hartford Chamber of Commerce. These funds total over $1 million. Its programs consist of BRIDGE, a dropout prevention program aimed at keeping at-risk students in grades seven to 10 in school, and various attendance incentive programs for middle school students. BRIDGE serves approximately 230 students.

HOUSTON: JUVENILE DELINQUENCY PREVENTION PROGRAM

The Houston Health and Human Services Department's Juvenile Delinquency Prevention Program provides disposition alternatives for youth who are delinquent or status offenders. Funded with Community Development Block Grant funds, the program has served 2,875 young people.

INDIANAPOLIS: INVEST INDIANAPOLIS:

INVEST Indianapolis, a replication of the Boston Compact, received initial support from a grant from the National Alliance of Business and is funded jointly by the Private Industry Council, the public schools, and the City of Indianapolis, all of which provide strong in-kind support as well.

LYNCHBURG: DROPOUT PREVENTION PROJECT

The Lynchburg Dropout Prevention Project, supported with local and state funds, served 707 students determined to be at-risk of leaving school before completion last year. The program provides an alternative school and youth service counselors for at-risk students in all elementary, middle and high schools. The dropout rated was lowered from 7.3 percent in 1986-1987 to 4.2 percent in 1987-1988.

NEW HAVEN: DROPOUT PREVENTION PROGRAMS

The City of New Haven is supporting a number of dropout prevention programs operated through the Board of Education. They include an overall planning and coordination effort; the Social Skills Development Program, a comprehensive curriculum for the development of social skills for grades kindergarten through 12th; and the Polly T. McCabe Program, which encourages unwed teenage mothers to return to school.

NEW ORLEANS

COMMUNITIES IN SCHOOLS

The goal of the New Orleans Communities In Schools program is to reduce the number of dropouts at the middle/junior high and senior high school levels. Its objectives include improving participants' school attendance; decreasing the incidence of disruptive behavior in the classroom and the community; providing additional academic and vocational support services;

promoting participants' personal and social development; improving academic achievement in math, English and reading; reducing the incidence of drug and alcohol use, teenage pregnancy, and delinquent behavior; increasing parental involvement in school activities; and involving community agencies, organizations and corporations in the resolution of school problems. The program provides counseling, tutorial and/or social services during the school year and an employment and/or recreation program in the summer, which is funded by corporations, public and private agencies and foundations.

TRUANCY PROGRAM

The New Orleans Truancy Program, which is a cooperative agreement between the City government and the Orleans Parish School Board, focuses on reducing student absenteeism through a comprehensive program of identification, communication and follow-up. Specially trained police officers, individual school personnel and parents work together to return students to school and prevent recidivism. The program also provides counseling and advocacy to the young people.

NORFOLK

PROGRAM FOR ALTERNATIVE STUDENT SUCCESS

This dropout prevention program provides all academic classes and counseling to a small group of students. It emphasizes self-concept development and extensive positive reinforcement.

PROJECT RESCUE

Serving 75 students in each of the five high schools and one middle school in which it operates, Project RESCUE is aimed at high-risk students and is intended to enable them to complete school with career goals and marketable skills. The program provides students with pre-employment skills plus a support system that emphasizes intensive counseling, parental involvement and contacts with the business community. The course outline includes the importance of work, self-appraisal and career selection, selecting a job, job interview skills and basic living skills.

STAY-IN-SCHOOL HOTLINE

The Hotline provides a non-school-based contact person to assist students with home and school-related problems. The phone number is posted widely. It is intended to assist students in gaining access to appropriate resources that can assist them in resolving problems related to their school situation. Referrals are made to appropriate agencies and individuals; visits are made to schools and homes.

THE SUMMER DROPOUT RETRIEVAL PROJECT

The Retrieval Project is intended to reclaim dropouts and connect them with an appropriate educational program. Six paraprofessionals are employed part-time for a 30-day period in the summer to make home visits and counsel all dropouts for the school year just ending. The dropouts are given brochures on the various academic and vocational options available to them

and a letter of introduction to present to school officials when they report for re-enrollment. The program serves an average of 1,048 students in grades eight through 12 during a summer.

YOUTH AGENCY DAY ACTIVITY

The program assists approximately 1,000 students each year to become associated with constructive community-based youth activities and service organizations. The program is jointly sponsored by the Norfolk Public Schools and the Norfolk Office on Youth. Representatives from various community-based youth organizations and city agencies, on a scheduled basis, hold joint youth activity fairs in the senior high schools to recruit new members from the at-risk population.

STAY-IN-SCHOOL CAMPAIGN

The Campaign uses a variety of strategies to promote the importance of young people staying in school and getting an education. These include television and radio announcements and school assemblies which feature high achievers as role models to inspire students to stay in school.

PHILADELPHIA: CITIES IN SCHOOL PROGRAM

The Cities in School Program was piloted two years ago. It is directed toward at-risk students who are placed in small educational settings with strong monitoring. The program has been very successful.

PHOENIX: I HAVE A DREAM PROJECT

This project is funded with city general purpose funds and is administered through the City's Equal Opportunity Department. It provides incentives for youth to remain in school and to graduate.

ROCHESTER

EPIC

EPIC (Effective Parenting Information for Children) is a comprehensive program which seeks to prepare children to become responsible adults and to increase parenting skills as a means of primary prevention. The program offers parent workshops, school programs, outreach to the Hispanic community and child care outreach.

PROJECT SUCCESS

Project Success is aimed at improving the academic performance of Hispanic students in the Rochester City School District.

SANTA BARBARA: LA CASA DE LA RAZA

This youth center provides an after-school and summer day program with an atmosphere conducive to positive youth participation and development through academic enrichment, community beautification projects, tutoring

services, and information services. The program serves 500 Spanish-speaking youth and their families.

SANTA MONICA: PROJECT HEAVY WEST

The City provides $25,000 in city general funds to support this truancy reduction program. It serves 300 youths by providing intervention and counseling at the Santa Monica Police Department. Most youth are contacted initially after being picked up by the Police Department.

SCOTTSDALE: PREVENTION INSTITUTE

Prevention Institute is a cooperative project of the Cities of Scottsdale and Paradise Valley, Camelback Hospital and the Scottsdale schools. It provides prevention and intervention programs for students involved with drugs or alcohol or to high-risk students. The programs encourage school success by alleviating the stresses of chemical involvement. The program served 2,806 students during the last school year, considerably more than the 1,565 served the year before.

SEATTLE

DROPOUT PREVENTION PROGRAM

The Dropout Prevention Program provides counseling and support services to at-risk students in each middle school in Seattle. The program, which has a 95 percent success rate, will serve 400 students in 1988-89.

SAFTY PROGRAM

The Safty Program provides outreach, case management and counseling services to Black, Hispanic, Native American, Filipino, Samoan and Indo-Chinese students who are actual or potential dropouts.

CITY LEARNING TEAM

The City Learning Team matches City employees with academically at-risk ninth graders. Tutors spend three hours a week tutoring each student. First year results indicate that about 80 percent of students obtain at least a passing grade in tutored classes. The program, which is supported with City of Seattle General Funds, will serve 120 students this year.

STEP PROGRAM

The STEP Program (Summer Training and Education Program) is a national research project aimed at preventing school dropouts and teen pregnancy. Research data indicate that the STEP model of providing academically at-risk students with summer jobs and classes significantly reduces summer learning losses among low-income 14 and 15-year-olds. The Program serves 250 students a year. Funds come from Public/Private Ventures, the Job Training Partnership Act, Washington State and the City of Seattle.

BRIDGE PROGRAM

The BRIDGE Program provides special classes, tutoring and counseling to low-income, low-achieving ninth graders. Services are provided year-round to 47 students and include life skills training. Support comes from the City of Seattle and a private foundation.

SOMERVILLE: PROJECT REDIRECT

Five teachers work with ninth and tenth graders who have attendance and academic problems.

TEENAGE PREGNANCY

Officials in the survey cities identified teenage pregnancy as one of the most serious problems facing children. For all children it was cited the fourth most frequently, by 14 cities; for low-income children it was fifth, listed by 12 cities. The city officials provided information on city-funded efforts underway in their communities which aim at preventing and responding to teenage pregnancy. Their information was supplemented by data available from the National Center for Health Statistics on births to teenage mothers.

DATA ON BIRTHS TO TEENAGE MOTHERS

Of the 529,458 births which occurred in the survey cities during 1986, 14.6 percent (77,224) were to teenage mothers (those 19 and under), according to data available from the National Center for Health Statistics. The data is shown in the charts on pages 50 and 51. In comparison, 12.6 percent of all births in the United States during 1986 were to teenage mothers. The percentage of births to teenage mothers in the survey cities ranged from 28.8 percent in Camden, 25.4 percent in Trenton, 22.6 percent in Hartford, 19.7 percent in New Haven, 18.7 percent in San Antonio, 18.5 percent in Chicago and 18.2 percent in New Orleans to 6.2 percent in Cambridge and Evanston, 5.5 percent in Scottsdale, 3.6 percent in Santa Monica, 2.7 percent in Redmond, 2.4 percent in Davis and 2.2 percent in Irvine.

In the survey cities, 36.6 percent of the births which occurred during 1986 were to unmarried mothers. In contrast, however, nearly three-fourths (74.4 percent) of the teenage women who gave birth in the survey cities in 1986 were unmarried. In Evanston, 93.8 percent of the teenage mothers giving birth were unmarried, in Washington, D.C. 92.8 percent, and in Camden, New Orleans, Trenton and Philadelphia approximately 90 percent.

The percentage of births to teenage mothers, to unmarried mothers, and to unmarried teenage mothers were considerably higher among the black population. In the survey cities, 21.6 percent of the black women who gave birth in 1986 were teenagers, 65.5 percent of the black women who gave birth in 1986 were unmarried, and 91.9 percent of the black teenagers who gave birth were unmarried. In contrast, 11.4 percent of the white women who gave birth in 1986 were teenagers, 22.6 percent of the white women who gave birth in 1986 were unmarried, and 56.7 percent of the white teenagers who gave birth were unmarried.

The percentage of black births to teenagers ranged from 32.9 percent in Trenton, 31 percent in Camden, 29.6 percent in New Haven and Fort Worth, 28.6 percent in Lynchburg, 28.2 percent in Indianapolis, 28.1 percent in Rochester and 28 percent in Dallas to 9.8 percent in Cambridge, 7.1 percent in Warwick and 5.9 percent in Davis. The percentage of black teenagers who were unmarried when they gave birth ranged from 100 percent in Charlottesville, Davis and Santa Monica, 97.9 percent in Lynchburg, 97.4 percent in Trenton, 96.5 percent in Philadelphia, 96.2 percent in Chicago, 95.5 percent in Camden, 95.4 percent in Nashville and 95.2 percent in

Indianapolis and Washington, D.C. to 70 percent in Santa Barbara, 68 percent in Austin and 50.8 percent in El Paso.

CITY PROGRAMS TO PREVENT AND RESPOND TO TEENAGE PREGNANCY

In two-thirds of the survey cities the city government provides funds to programs which aim at preventing teenage pregnancy and providing assistance to pregnant teens. The programs in these 35 cities include:

ALEXANDRIA: THREE EFFORTS

The Health Department offers a teen family planning clinic weekly which has over 400 teens enrolled. The Department also offers outreach and education. The Adolescent Health Clinic is a free-standing clinic which offers a range of medical services to city adolescents, including family planning. It provides contraceptives, education and counseling. The Teen Pregnancy and Parenthood Steering Committee, a 17-member citizen group appointed by the City Council, is developing a comprehensive community-wide set of responses to the problems of teenage pregnancy.

BOSTON

YOUNG MOTHERS PROGRAM

The Boston Housing Authority's Community Services Unit contracts with Crittendon Hastings House to provide counseling, parent training, an extended transitional services program and a residential day care program to BHA tenants. The Young Mothers Program has expanded over the last few years from serving three BHA developments at one location to serving all BHA tenants in the City at three locations. It is funded by the City government as well as BHA.

PREGNANT AND PARENTING TEENS INITIATIVE

Through this program the City Government administers programs which provide remediation, job training and health care to pregnant and parenting teens who are members of households receiving welfare benefits. Three programs are currently being funded through this initiative.

ALTERNATIVE EDUCATION INITIATIVE

The Office of Jobs and Community Services administers a total of eighteen alternative education programs which include services to pregnant and parenting teens. Six programs are supported with Job Training Partnership Act funds. It is projected that 97 of the 440 persons utilizing these programs will be parents. Three additional programs in the Alternative Education Initiative are specifically targeted for young parents. It is projected that 157 of the 400 people using these programs will be parents.

COMMUNITY SCHOOLS

Clinical counseling is provided to teens in community schools. Through The Values Clarification Program professionals provide pregnancy and parenting education at 11 community schools located throughout the city. This program is funded by the Alternative Education Initiative.

VOLUNTEER PARENT AIDE PROGRAM FOR TEEN PARENTS

This program recruits volunteers from local churches in Roxbury and Dorchester and trains them as parent aides. They are then matched with pregnant or parenting teens from these two neighborhoods and play, primarily, a support role. There are currently 60 teens/aides participating. The program is funded by the U.S. Department of Health and Human Services, religious institutions and the City of Boston, which provides in-kind assistance.

COALITION FOR ADOLESCENT SERVICES

Run through Boston City Hospital and three neighborhood health centers in the Dorchester/Roxbury area, this program provides comprehensive health care to teens with an emphasis on pregnant and parenting teens. These services include prenatal care as well as non-medical support services. The Teen to Tot Program at Boston City Hospital, which combines postnatal care for the mother with pediatric care for the child, is part of this effort. Funding is provided by the Department of Social Services and in-kind support is provided by the City.

TEEN PARENTING PROGRAM

Operated in many of the middle and high schools, this School Department program teaches skills and offers counseling, support and advocacy as needed. For teens in this program who are not yet parents, life options are explored. The program is funded by the School Department and local foundations.

COMPREHENSIVE PLAN

The City of Boston, through its Women's Commission, has initiated a coalition which has applied successfully for a planning grant from the Governor's Teen Pregnancy Prevention Challenge Fund. The coalition proposed a city-wide planning and development process which includes a variety of community-based and city-wide agencies. The program represents an effort over an 18 month period to address comprehensively the problem of teen pregnancy in Boston by combining the development of a City-wide coalition which will work in specific neighborhoods that have a high incidence of teen births. The City is providing in-kind services.

BROCKTON: PROJECT GRADS

Project Grads is a teen pregnancy/parenting program with an emphasis on mainstreaming young mothers back into the community by allowing them to finish their schooling in a supportive environment. It is based in the Howard School and has a nursery there.

CAMBRIDGE: TEEN HEALTH CENTER

Cambridge will be opening soon its first Teen Health Center, which will be administered by Cambridge Hospital and located in the city's high school. In addition to addressing pregnancy prevention through referrals for birth control and education on sexuality and responsible behavior, the Health Center will address a variety of health needs of adolescents.

CAMBRIDGE AND SOMERVILLE: TEEN PREGNANCY PREVENTION COALITION

Established by the Cities of Cambridge and Somerville, the Teen Pregnancy Prevention Coalition is composed of youth service providers. The Coalition's focus is to assess the need for services and plan appropriate programming. Although the Coalition was implemented with state funding, the Cities of Cambridge and Somerville provide in-kind services.

CAMDEN: ADOLESCENT FAMILY LIFE PROGRAM

This program provides counseling to teenage males and females on pregnancy prevention and counsels those who are already pregnant on child care.

CHICAGO: HEALTH DEPARTMENT PROGRAMS

The Department of Health, through its neighborhood health centers, neighborhood health clinics and various special programs, such as the Teen Health Information and Services Clinics, provides teens with general health and family planning information. Some public high schools provide similar programs, sometimes a source of local controversy.

DADE COUNTY: PREGNANCY PREVENTION AND ASSISTANCE PROGRAMS

In addition to programs provided by the Department of Youth and Family Development, the Department of Human Resources and the Community Action Agency, Dade County also contracts with health and mental health programs to serve teen mothers. There are numerous programs, run by various agencies and funded by various sources, which aim at pregnancy prevention and which assist teens through their pregnancy.

DALLAS: ADOLESCENT PREGNANCY PREVENTION PROGRAM

The program has three goals: to prevent first pregnancies among adolescents, with special emphasis on adolescents ages 12 to 15; to prevent second pregnancies among adolescents; and to provide casework services to enable pregnant and/or parenting adolescents to remain in school. It offers a variety of services, including individual and group counseling, information and referral, child care assistance and referral, school enrollment and assistance, job training referrals, presentations to adolescents, parents of adolescents and the general public, and home visits. The caseworkers are stationed at health clinics (including family planning and maternity clinics) throughout the city and are assigned to the various Dallas Independent School District's high schools, middle schools and elementary schools. As evidence of the program's success there has been a

decrease in the number of second pregnancies among adolescents in the program's active caseload and a decrease in the pregnancy rate for adolescents 12 to 17 years old in certain Dallas census tracts.

EVANSTON: FAMILY FOCUS/OUR PLACE

This program provides comprehensive services to high risk and parenting teens to prevent teenage pregnancy and to support teen parents in new roles. There is strong emphasis on staying in school, including provision of infant day care and a cooperative educational program with the high school. In 1987 the program served 214 pregnant or parenting female teens, 41 teen fathers, 172 children of teen parents, as well as many non-parenting teens and extended family members. The program has demonstrated a reduction in second pregnancies and in the school drop-out rate.

FORT WORTH: POLYTECHNIC HIGH SCHOOL CHILD CARE PROGRAM

The Polytechnic High School Child Care Program was started in response to the increasing number of teenage pregnancies in Fort Worth; the highest rate of these pregnancies is in the Polytechnic Heights area. The Program provides special-needs child care to the children of teenage parents enrolled in Polytechnic High School. The parents receive training in child development and specialized support services which aim at achieving economic self-sufficiency. The mothers are afforded the opportunity to continue their education while their children are provided care. The program is a collaborative effort of the City of Fort Worth, the YMCA, the Fort Worth Independent School District and its Adolescent Pregnancy Board. To date 60 parents have benefited from the program.

HAMPTON: FAMILY PLANNING CLINICS

Family planning clinics and pregnancy-testing clinics are available on a daily basis, with fees charged on a sliding scale. In FY87, 1900 teenagers received services. In 1980, Hampton had 664 teenage pregnancies; in 1986, 576.

HARTFORD: ADOLESCENT PARENTING AND DEVELOPMENT PROGRAM

The Health Department's Adolescent Parenting and Development Program provides a case advocate/case management program for 80 to 100 adolescent parents in the City of Hartford. It aims at promoting a safe, stable, and healthy environment for both the parents and the children and comprehensive services and support to the adolescent parent. It is a collaboration of the City of Hartford, the Urban League, the Board of Education and the Hispanic Health Council.

LYNCHBURG: TEEN CLINIC

The Family Planning Program of the Central Virginia Health District includes a teen clinic held in the Lynchburg Health Department. The clinic serves teens throughout the area who are in school; the current caseload is 564. Patients are served on a sliding fee scale. The Clinic provides laboratory services, health history, physical exams and in-depth counseling. Counseling sessions cover the anatomy and physiology of reproduction,

contraception and abstinence, risks of sexual activity, sexual decision-making and individual needs.

NASHVILLE: I HAVE A FUTURE

Funded by the Carnegie Foundation, the I Have a Future project has been initiated by the Meharry Medical College to promote health care and social development of teen parents in public housing. It helps to stimulate their aspirations for a better life and provides them knowledge of the ways and means to achieve it.

NEW HAVEN: EDUCATIONAL COUNSELING

City of New Haven funds support a program which provides educational counseling to teenagers through community-based organizations and the public schools.

NEW ORLEANS

LET'S TALK: CAMPAIGN FOR RESPONSIBLE PARENTHOOD

Modeled after Atlanta's Let's Talk Campaign, New Orleans' program is operating from February through November 1988. Its goals are to raise community awareness about the causes and consequences of teenage pregnancy and teenage parenthood; enhance communication between parents and adolescents around sexuality issues; and to obtain a community mandate on how community resources should be allocated in solving the problems of teenage pregnancy.

Group discussion sessions are being held throughout the program to determine the direction the program should go after November 1988. Civic and business groups, parent organizations, fraternal and social groups, and individual citizens have been invited to participate, either as discussion leaders or group participants. The effort is sponsored by a number of public and private organizations.

GEORGE WASHINGTON CARVER SCHOOL-BASED HEALTH CLINIC

The Clinic was opened in February, 1988, made possible by a collaboration between the New Orleans Health Department and the New Orleans Public Schools and by funding from the Robert Wood Johnson Foundation. It operates in the George Washington Carver Middle and Senior High Schools, which together serve more than 1700 students. The clinic reaches out to students through class presentations, assemblies, individual contacts and group sessions. In addition to providing health services, which include a dental component, the clinic also provides a health education program.

NEIGHBORHOOD-BASED PREVENTION PROGRAMS

The City of New Orleans is using Community Development Block Grant funds to support 12 neighborhood-based teenage pregnancy prevention programs. They are located throughout the City and operate independently of one another. They provide a variety of services including recreational

activities, counseling and educational services and assistance to teenagers who become pregnant.

NEW YORK CITY

ADOLESCENT PREGNANCY BUDGET

New York City has a comprehensive, multi-million dollar effort underway to reduce the incidence of teenage pregnancy and to provide assistance to teenagers who become pregnant. The Mayor's Office of Adolescent Pregnancy and Parenting Services is responsible for coordinating the city's teen pregnancy and parenting services. Programs included in the City's Adolescent Pregnancy Budget include a media campaign, peer counseling, shelters, foster homes, transitional facilities, neighborhood-based education and counseling programs, hospital-based services, and an adolescent/toddler program.

TEEN AGE SERVICES ACT

Under the State's Teenage Services Act, New York City provides comprehensive case management services to pregnant and parenting teenagers under 18 who receive income maintenance. Begun as a demonstration project in two communities, the program now serves the entire city. While services are currently provided directly by the City Human Resources Administration, Office of Family Services, the City is in the process of recruiting private, not-for-profit agencies to serve half of the city's communities under "memoranda of understanding." The remaining communities will be served directly by specialized city offices. The goals of the program are to prevent repeated pregnancies, promote self-sufficiency through education, training and employment, and offer adequate prenatal and postnatal health care. It is estimated that 5,400 teenagers will be served by the program in the coming years.

NORFOLK

SCHOOL-BASED HEALTH CLINIC

The School-Based Health Center at Lake Taylor High School is a three-year demonstration program funded by private foundations through the Norfolk Department of Public Health. As of May 30th it had served 2,734 young people.

CORONADO

Coronado provides pupils the option of receiving instruction outside the regular school program during their pregnancy and after delivery. All major academic subjects are offered, along with business education courses and referrals to vocational programs. Public health nurses offer counseling and instruction. Emphasis is placed upon parenting, family living and life coping skills. Outside referrals are made to community agencies with the consent of the student and family. The program serves an average of 107 students in grades six to 12.

PHILADELPHIA: COMPREHENSIVE SERVICE TO SCHOOL-AGED CHILDREN

This program provides educational, vocational and comprehensive services to school-age parents. Its goal is to enable teens to remain in school and to prevent a second unplanned pregnancy.

ROCHESTER: PROJECT CHOICE

Project Choice focuses on reducing the rate of teenage pregnancy. The program offers educational workshops, support services for pregnant and parenting youth, encouragement for continuing education, parenting skills, training, and support groups for teenage mothers and fathers, grandparents and pregnant teens.

SAN ANTONIO: FAMILY PLANNING

The Family Planning Program serves adolescents and teen mothers. Through the Program 725 teens are provided with family planning services and referrals to prenatal and postpartum care. The program is funded by the State; the City government provides staff and space.

SAN DIEGO: SINGLE PARENT SERVICES

The San Diego Urban League's Single Parent Services program provides a limited number of community group presentations to schools, colleges and community organizations on subjects related to birth control and sex education. The program assists an average of 20 single parents per month in identifying resources and support systems to help them in becoming self-sufficient.

SANTA BARBARA: TEEN SERVICES TEAM

The program provides family planning services to teenagers using a team approach. Teen Services consists of an in-clinic educator, specifically trained team clinic aides and a licensed marriage and family counselor. These staff members reach teens with information on reproduction, sexuality and birth control. The program uses teens as peer counselors.

SEATTLE: FAMILY PLANNING SERVICES FOR TEENS

Through its clinical program the Seattle-King County Health Department offers examinations, contraceptives and counseling to teens, 1,166 of whom were served last year. Community education, including curriculum development, teacher training and student educational services are provided in the schools. In 1987, 7,000 fifth, sixth, seventh and eighth grade students received preventive educational services. The City of Seattle also provides in-kind staff support to the Coalition on Adolescent Pregnancy, which collects and maintains data on needs and resources in the community.

SOMERVILLE: YOUTH PROGRAM

The Somerville Youth Program provides young people a series of informational/educational workshops aimed at responsible decision-making about issues in their lives such as drugs, alcohol, sexuality, school and

employment. The Street Talk Mobile Outreach Van, a component of the Youth Program, serves as a clearinghouse for every service offered to teens by the City.

TRENTON: L.I.F.T.

L.I.F.T. (Looking Into the Future Together) is a non-profit organization which provides comprehensive services to adolescents, including education and counseling to prevent pregnancies. It is funded in part by the City, and served 231 clients last year.

Prevention of pregnancy among teenagers is a major objective of the City Health Department and efforts in that regard are incorporated into the home visits program and the work of the Healthy Mothers/Healthy Babies Coalition Coordinator.

VIRGINIA BEACH: FAMILY PLANNING SERVICES

The Virginia Beach Health Department provides family planning services to women, including teenagers, at no or reduced cost, depending on their income. Approximately 24,000 patient contacts were made in 1987-1988.

WARWICK: PROJECT HOPE

This City-sponosred, school-based program provides information and support to pregnant and parenting teens in an attempt to keep them from dropping out of schools. The program is a consortium effort between the City's Department of Human Services, School Department, Kent County Mental Health Center, and Child, Inc. Onsight day care is offered for the infants of students in the program. Only six teens have dropped out of this successful program in its three years of existence.

BIRTHS TO TEENAGE MOTHERS IN THE SURVEY CITIES

CITY	TOTAL BIRTHS (1986)	BIRTHS TO TEENAGERS			
		NUMBER	% OF ALL BIRTHS	% OF WHITE BIRTHS	% OF BLACK BIRTHS
Albuquerque, NM	7,363	989	13.4%	13.5%	16.7%
Alexandria, VA	2,027	196	9.7%	4.8%	20.9%
Austin, TX	9,391	1,253	13.3%	11.8%	24.3%
Boston, MA	9,135	1,166	12.8%	10.3%	17.1%
Brockton, MA	1,708	213	12.5%	12.1%	16.0%
Buffalo, NY	5,889	1,011	17.2%	12.0%	26.7%
Cambridge, MA	1,171	73	6.2%	5.4%	9.8%
Camden, NJ	2,324	670	28.8%	26.5%	31.0%
Charlottesville, VA	558	78	14.0%	8.8%	26.7%
Chicago, IL	53,891	9,955	18.5%	11.2%	26.6%
Columbus, OH	10,750	1,585	14.7%	11.2%	24.6%
Dade County, FL	29,217	3,352	11.5%	n.a.	n.a.
Dallas, TX	20,815	4,001	19.2%	15.2%	28.0%
Davis, CA	548	13	2.4%	2.4%	5.9%
El Paso, TX	10,521	1,459	13.9%	13.9%	14.7%
Evanston, IL	1,044	65	6.2%	1.2%	17.5%
Fort Worth, TX	9,927	1,866	18.8%	15.7%	29.6%
Hampton, VA	2,379	284	11.9%	9.5%	16.2%
Hartford, CT	2,950	668	22.6%	22.7%	23.7%
Houston, TX	36,273	5,585	15.4%	13.5%	21.9%
Indianapolis, IN	13,275	2,206	16.6%	12.8%	28.2%
Irvine, CA	1,580	34	2.2%	2.6%	.0%
Jacksonville, FL	11,067	1,716	15.5%	11.2%	24.4%
Jersey City, NJ	4,059	657	16.2%	12.6%	23.6%
Kansas City, MO	7,759	1,256	16.2%	10.3%	25.9%
Lincoln, NE	2,715	211	7.8%	7.5%	16.8%
Lynchburg, VA	891	133	14.9%	6.9%	28.6%
Nashville, TN	7,595	1,118	14.7%	11.2%	23.2%
New Haven, CT	2,137	420	19.7%	11.4%	29.6%
New Orleans, LA	10,057	1,834	18.2%	6.0%	22.8%
New York, NY	117,888	13,129	11.1%	9.2%	15.2%
Norfolk, VA	5,402	859	15.9%	10.8%	23.0%
Oakland, CA	6,908	947	13.7%	8.5%	18.8%
Philadelphia, PA	28,093	5,035	17.9%	12.0%	24.1%
Phoenix, AZ	17,319	2,700	15.6%	14.7%	25.7%
Portland, OR	6,109	614	10.1%	8.5%	21.1%
Raleigh, NC	2,561	279	10.9%	4.6%	21.6%
Redmond, WA	405	11	2.7%	3.0%	.0%
Rochester, NY	5,541	886	16.0%	9.3%	28.1%
San Antonio, TX	17,544	3,278	18.7%	18.7%	20.6%
San Diego, CA	17,349	1,634	9.4%	8.4%	17.2%
Santa Barbara, CA	1,645	125	7.6%	7.5%	19.6%
Santa Monica, CA	1,076	39	3.6%	3.4%	11.1%
Scottsdale, AZ	1,575	86	5.5%	5.4%	14.3%
Seattle, WA	6,893	593	8.6%	5.4%	20.8%
Somerville, MA	977	80	8.2%	8.2%	12.3%
Trenton, NJ	1,949	495	25.4%	17.1%	32.9%
Tucson, AZ	7,338	996	13.6%	13.0%	19.8%
Virginia Beach, VA	6,312	572	9.1%	8.3%	14.9%
Warwick, RI	1,081	90	8.3%	8.4%	7.1%
Washington, DC	10,045	1,711	17.0%	4.5%	20.1%
SURVEY CITIES	529,458	77,224	14.6%	11.4%	21.6%

SOURCE: National Center for Health Statistics

BIRTHS TO UNMARRIED TEENAGE MOTHERS IN THE SURVEY CITIES

CITY	NO. OF TEEN BIRTHS	-----BIRTHS TO UNMARRIED TEENS----- % OF ALL TEEN BIRTHS	% OF WHITE TEEN BIRTHS	% OF BLACK TEEN BIRTHS
Albuquerque, NM	989	66.8%	65.9%	80.5%
Alexandria, VA	196	83.7%	67.8%	93.1%
Austin, TX	1,253	43.3%	35.1%	68.0%
Boston, MA	1,166	86.8%	79.7%	93.9%
Brockton, MA	213	73.7%	71.2%	85.7%
Buffalo, NY	1,011	84.1%	72.0%	93.8%
Cambridge, MA	73	80.8%	.0%	92.0%
Camden, NJ	670	90.0%	81.3%	95.5%
Charlottesville, VA	78	76.9%	47.1%	100.0%
Chicago, IL	9,955	86.0%	63.0%	96.2%
Columbus, OH	1,585	74.7%	57.4%	94.8%
Dallas, TX	4,001	67.1%	45.2%	89.8%
Davis, CA	13	61.5%	63.6%	100.0%
El Paso, TX	1,459	45.6%	45.7%	50.8%
Evanston, IL	65	93.8%	100.0%	93.0%
Fort Worth, TX	1,866	49.8%	32.6%	79.0%
Hampton, VA	284	63.7%	38.0%	89.4%
Hartford, CT	668	88.8%	85.6%	92.7%
Houston, TX	5,585	60.8%	42.5%	87.8%
Indianapolis, IN	2,206	73.5%	57.0%	95.2%
Irvine, CA	34	50.0%	50.0%	--
Jacksonville, FL	1,716	61.7%	34.4%	87.0%
Jersey City, NJ	657	86.9%	77.9%	93.5%
Kansas City, MO	1,256	77.1%	52.6%	93.0%
Lincoln, NE	211	64.9%	63.2%	82.4%
Lynchburg, VA	133	86.5%	57.9%	97.9%
Nashville, TN	1,118	66.0%	41.1%	95.4%
New Haven, CT	420	74.8%	55.6%	83.3%
New Orleans, LA	1,834	89.9%	53.2%	93.2%
New York, NY	13,129	82.7%	72.6%	92.2%
Norfolk, VA	859	65.9%	30.8%	87.8%
Oakland, CA	947	75.7%	52.2%	85.5%
Philadelphia, PA	5,035	89.5%	75.3%	96.5%
Phoenix, AZ	2,700	65.9%	61.5%	90.8%
Portland, OR	614	75.7%	71.6%	89.8%
Raleigh, NC	279	82.8%	52.2%	93.7%
Redmond, WA	11	45.5%	45.5%	--
Rochester, NY	886	88.0%	78.1%	94.2%
San Antonio, TX	3,278	44.4%	41.8%	76.3%
San Diego, CA	1,634	64.1%	57.2%	85.5%
Santa Barbara, CA	125	51.2%	49.1%	70.0%
Santa Monica, CA	39	74.4%	67.7%	100.0%
Scottsdale, AZ	86	62.8%	64.2%	.0%
Seattle, WA	593	80.3%	73.9%	91.3%
Somerville, MA	80	71.3%	70.4%	85.7%
Trenton, NJ	495	89.7%	72.4%	97.4%
Tucson, AZ	996	62.3%	59.4%	82.4%
Virginia Beach, VA	572	51.6%	44.1%	78.1%
Warwick, RI	90	67.8%	68.5%	.0%
Washington, DC	1,711	92.8%	56.8%	95.2%
SURVEY CITIES	77,224	74.4%	56.7%	92.3%

SOURCE: National Center for Health Statistics

INFANT HEALTH

INFANT MORTALITY DATA

The infant mortality rate averaged 12.6 per thousand in the survey cities during 1986, over two points higher than the national average of 10.4 that year, according to data available from the National Center for Health Statistics. The infant mortality rate is the proportion per thousand of infants who die during the first year of life.

Among the survey cities in 1986, Washington, D.C. had the highest infant mortality rate, 21.1, followed by New Haven with 17.8 and Trenton with 17.4. Camden, Chicago, Jersey City and Kansas City all had rates in exccess of 16. On the low end were Santa Barbara, with three, Evanston with 4.8, and Austin with 6.7.

The infant mortality rate among black babies is considerably higher: an average of 18.5 in the survey cities during 1986, nearly double the rate of 9.7 for white babies in the same cities that year. El Paso registered the highest infant mortality rate for black babies in 1986, 29.5. It was followed by New Haven with 27.3, Fort Worth with 26.6, Indianapolis with 24.6 and Washington, D.C. with 24. Cambridge had a black infant mortality rate of 3.9, and Charlottesville a rate of 6.1 that year. The chart on page 60 provides specific information for each of the survey cities.

CITY PROGRAMS TO IMPROVE INFANT HEALTH

In nearly three out of four of the survey cities (74 percent), city government funds are used to support, in whole or in part, programs which aim at increasing the availability of prenatal care for expectant mothers, reducing low birth weights, and/or reducing infant mortality. Below are descriptions of many of the programs the 37 survey cities provide:

ALBUQUERQUE: YOUNG CHILDREN'S HEALTH CENTER

The Center provides a variety of services for low-income infants, children and their families, including well and sick child care, immunizations, prenatal care and family planning services. It is administered by the University of New Mexico Pediatrics Department, and has served 1,109 unduplicated patients in a total of 6,065 patient visits.

ALEXANDRIA: HEALTH DEPARTMENT PROGRAMS

With support from the City and the State, the Alexandria Health Department provides prenatal and postnatal care, neonatology and pediatric follow-up, WIC, nutritional counseling, genetic referral, HIV testing and counseling, hepatitis screening with immunization of infected infants, case management and liaison with hospital nursing. Currently 407 persons are enrolled at its Maternity Clinic.

BOSTON

HEALTHY BABY PROGRAM

A cooperative effort between the City, neighborhood health centers and community organizations, the Healthy Baby Program began in 1985. It is targetted at improving health services for pregnant mothers and young infants at risk, and at preventing low birthweights, infant mortality and poor health among children. In 1987 it served more than 2200 families, 23 percent of the families with newborns in the entire city.

PARENT AND CHILD HEALTH SERVICES

This new program was established to develop, coordinate and evaluate initiatives aimed at high risk families in Boston with the goal of promoting family health. It's specific objectives are (1) to reduce childhood morbidity and mortality in Boston's highest risk communities; (2) to improve children's, parent's and health care practitioners' knowledge and practices about preventable childhood conditions through education and outreach; (3) to improve information systems for the planning, monitoring and assesment of programs to improve the health of mothers and children in Boston and (4) to advocate for and coordinate other public efforts on behalf of the health of Boston's women and children. The City provides the program's principal funding.

HEALTHY CHILD PROGRAM

Initiated in July 1987, this program provides post-natal home visits. It builds upon the Healthy Baby Program by targetting services to aproximately 250 of its highest risk graduates each year. Healthy Child uses public health nurses and neighborhood health advocates to conduct home visits to targeted families, attempts to reduce the incidence of malnutrition, life threatening infrections, lead poisoning, injuries and developmental and behavioral problems.

CAMBRIDGE: NEIGHBORHOOD HEALTH CENTERS

Through the city-run Cambridge Hospital, the City operates seven neighborhood health centers in low- to moderate-income neighborhoods. The WIC program, which is provided through these centers, is augmented with City resources.

CHICAGO: HEALTH DEPARTMENT PROGRAMS

The Department of Health through its neighbhorhood health centers, neighborhood clinics and various special programs, such as the Newborn Referral service, provides prenatal care and other services aimed at reducing infant mortality.

DALLAS: LOW BIRTH WEIGHT PROGRAM

The Low Birth Weight Program is intended to provide quality, community-based services which meet the unique needs of low birth weight infants in Dallas who are ineligible for care provided through the private sector.

Infants elgible for the program weighed 1,500 grams or less at birth and require intensive follow-up during the first 12 to 24 months of life. The program intervenes at the earliest possible point to prevent, or minimize complications, and networks with existing services and agencies to maximize the well-being of the infant and family and to minimize costs by avoiding duplication of services. It provides assessment of the infant's status; education and counseling of parents and/or caregivers about routine care of low birth weight infants; diagnosis and treatment of minor illnesses; home visits for evaluation, teaching and support; and referrals to agencies as necessary.

EVANSTON: BEGINNINGS PROGRAM

Provided by the Evanston Health Department, the Beginnings program is a series of health and parenting programs for pregnant teenagers which emphasizes prenatal care, nutrition, and healthy pregnancies. The Health Department also provides child health clinics and immunizations from birth to school age.

FORT WORTH: MATERNAL AND CHILD HEALTH CARE

The Fort Worth Health Department has established a collaborative effort with John Peter Smith Hospital in serving maternity patients and provides decentralized services to them through 10 neighborhood-based clinics. Four of the clinics are designated as regional clinics and are staffed by residents; the remaining six are staffed by a nurse practitioner and a registered nurse. They refer patients to the Hospital as necessary.

HAMPTON: HAMPTON HEALTH DEPARTMENT CLINICS

The Hampton Health Department operates prenatal clinics on a daily basis for pregnant women unable to afford private medical care. There is no waiting time to get into the clinic. Services are provided on a sliding fee scale. Hampton's infant mortality rate has decreased from 18.5 percent in 1980 to 12.6 percent in 1986.

HARTFORD

ACTION PLAN ON INFANT HEALTH, INC.

The Action Plan is a unique partnership of the public and private sectors, united by a common alarm about high infant mortality and a resolve to try to bring the crisis under control. The Action Plan coordinates activities and provides funds to initiate and sustain projects, to connect programs and to enhance existing activities. The total 1988 budget is approximately $1.2 million, with $830,000 of this coming from the private sector.

The goals of the Action Plan are to improve the outcome of pregnancy by enhancing access to and utilization of prenatal services by residents of Hartford's six neighbrohoods with the highest rates of infant death and to create a permanent capacity among community organizations to wage an aggressive, long-term, community education and mobilization effort to reduce infant mortality and adolescent pregnancy, especially through the prevention

of teen pregnancy. The Action Plan operates three projects, each of which is focused on a specific approach to addressing the problems contributing to infant death and targetting a different population. The three projects are:

MATERNITY AND INFANT OUTREACH PROJECT

The aim of the Maternity and Infant Outreach Project is to reduce infant mortality in the seven Hartford neighbhoorhoods with the highest rates. It is a multi-funded outreach project, which through its staff of 10, provides educational sessions on infant mortality and low birth weight babies to schools, churches and community groups in the high-risk areas. It also provides home visits to approximately 400 pregnant women each year. The focus of these visits is educational, covering the importance of prenatal visits, eating properly, recognizing signs of problems in pregnancy, and not using drugs or alcohol during pregnancy. The staff also assists women in obtaining prenatal care and other services for which they may be eligble. By working within the home environment, it is possible to reach a woman's support system and to obtain help in making the outcome of the pregnancy positive.

COMMUNITY MOBILIZATION PROJECT

This project has two distinct parts, both of which are working to prevent teen pregnancy among Hartford youths. The Church/Civic Mobilization Project works with church and community organizations to build programs for youths which assist them in making life choices, particulary choices regarding the order and timing of decisions about education, employment and parenthood. The School-Based Health Education Project has developed a broad-scale health curriculum for the Hartford Public Schools and focuses on inservice activities to prepare teachers to teach students about health issues.

PRETERM BIRTH PREVENTION PROJECT

This project links six providers of maternal health services in the city into a single, comprehensive structure that seeks to prevent preterm births. The project has united out-patient services of three hospitals and three community health centers to screen all pregnant women and to identify those women who reside in the target neighborhoods and who are at high risk of early delivery. The project then offers them special educational and clinical support and provides clients with services to prevent premature births.

KANSAS CITY: CHILD HEALTH SERVICES

Supported primarily with funds from Kansas City government, this program includes well baby clinics, high risk infant follow-up care and pediatric primary care. The City also provides support to a prenatal services program.

LINCOLN: CHILD HEALTH PROGRAMS

The Well Child Clinic serves over 600 low-income children each year. Service is free to participants. The High Risk Infant Follow-up Project is serving 126 infants in its first year; it is slated to serve 300 in its second year. To be eligible the children must be deemed medically and socio-economically at risk.

LYNCHBURG: HEALTH DEPARTMENT CLINICS

Public health nurses, supported partially with City funds, staff clinics at which prenatal care is provided. Services include monitoring of maternal and fetal well-being through physical and psycosocial assessment, patient education, referral to other community services, risk assessment and referral to intermediate or high-risk care if indicated, and communication of pertinent patient information to the hospital where the patient delivers.

NASHVILLE: MATERNAL AND INFANT CARE PROGRAM

The Maternal and Infant Care (MIC) Program is a comprehensive health care program for low-income pregnant women and infants up to age two. MIC combines nurse-midwifery prenatal and postpartum services, pediatric services, nutritional counseling and food supplementation, social services, and child development services into a unified program to promote health and provide psychosocial support. The program also includes a parent education and support program for teenage parents, community-based parent groups, interpreter services for Indochinese refugees, special clinics for medically high-risk patients, special clinic hours for teenagers who are enrolled in school, and active outreach efforts to encourage early entry into prenatal care.

The MIC Program was established with funding provided through a proposal by the Metropolitan Department of Hospitals to the State Department of Health and Environment, through Medicaid revenues earned by the program, and through an in-kind matching contribution of inpatient and ancillary services by the Department of Hospitals. It has decreased infant mortality, decreased the percentage of low-weight births, and increased childhood immunization rates among those served by the program as compared to baseline rates for the target population.

NEW HAVEN: COUNSELING FOR EXPECTANT MOTHERS

City of New Haven funds support a program which provides educational counseling to expectant mothers. Its purpose is to reduce the high incidence of low-birth weight babies in the minority community.

NEW ORLEANS

PRENATAL MATERNITY CLINIC

The Maternity Clinic identifies and provides full maternity services to women in lower-income groups who are not receiving prenatal care at Charity Hospital, from private physicians or through other health care facilities.

It receives funds through the State from the Maternal and Child Health Care Block Grant.

LOW-RISK MATERNITY CLINIC

The Low-Risk Maternity Clinic provides comprehensive prenatal care to low risk pregnant women residing in the Westbank area of Orleans Parish. Nurses support family/infant attachment and assist in instructing the mother on the importance of prenatal care and a safe environment for the infant. The clinic provides information about prenatal care, nutrition, exercise, and birth. The objectives of the perinatal care provided are promotion and support for the maintenance of health status; screening for complications relating to the pregnancy, and treatment of incurrent diseases or problems. The program is staffed by a physician and nurse practitioner.

CHILD HEALTH CENTERS

New Orleans' eight Child Health Centers serve expectant mothers, infants, preschool age children, adolescents, adults and the elderly. The services offered include clinic and home visiting for health promotion; children's medical clinics; early periodic screening, diagnosis and treatment (EPSDT); therapeutic service and follow-up. Additionally they provide health guidance, free immunizations against communicable diseases, nutrition education, blood screening programs for detection of Sickle Cell Anemia and lead poisoning, vision, speech and hearing screening.

The EPSDT program, which began in 1971, delivers medical services to eligible children under the Medicaid program. It serves children, from birth to the age of 21, whose families receive Aid to Families with Dependent Children. Through an agreement with the Orleans Parish School Board, the screening component of the program is available to eligible children in public schools through the School Board's nursing personnel. Those eligible children who do not receive screening in school receive services in the health clinics. Indigent children who are not eligible for Medicaid receive comparable services in the general clinic program, which is supported by the City's general fund.

NEW YORK CITY: VARIOUS PROGRAMS FOR INFANTS AND PREGNANT WOMEN

The City of New York operates 11 acute care municipal hospitals and numerous ambulatory care facilities, most of which provide prenatal services. Special prenatal services are provided for those at medical and/or social risk, including teenagers and substance abusers. In addition, through the Department of Health, the City provides an array of outreach services designed to encourage women to use prenatal care services early in pregnancy and to stay enrolled with the services. These outreach services include an information hotline that can schedule appointments for prenatal care, a case management program in nine neighborhoods designed to serve 22,000 women at high risk of not receiving proper prenatal care, a program based in hospitals that follows up when women miss appointments for prenatal care, and a health education program for pregnant and parenting women.

NORFOLK: PRENATAL PROGRAM

This Department of Public Health project provides comprehensive care to indigent pregnant women. It provides medical care, nutritional counseling, education and social services to 2,000 clients per year.

PHILADELPHIA: MATERNITY SERVICE PROGRAM

The Philadelphia Health Department operates the Maternity Service Program through seven health centers. It serves 11,500 women per year, one-third of whom are teenagers.

SAN ANTONIO: METROPOLITAN HEALTH DEPARTMENT

The Health Department provides prenatal care to 5,000 participants annually. In addition it provides 14,000 pediatric visits each year.

TRENTON: FOUR EFFORTS

That Loving Touch is a comprehensive program of prenatal, postpartum and newborn home visits by public health nurses. Paraprofessionals visit normal infants between the ages of two months and two years. Perinatal nurses provide follow-up for infants at risk. In 1987 there were 10,167 infants served through the program.

Through its Child Health Conferences the Trenton Health Department provides well child care and immunizations to children until they are six. The program provided 1843 visits in 1987, 150 more visits than were provided in 1986.

The Healthy Mothers/Healthy Babies Coalition Coordinator provides staff support for a state-funded program to reduce infant mortality by organizing agencies and providers to identify local needs. Indicating the success of this effort are a decrease in duplicated services and in the funding of projects that provide high risk obstetric care, increased access to and use of prenatal care and family planning education services.

Trenton recently received a four-year grant to improve maternal and infant health care from the Robert Wood Johnson Foundation. The project targets at risk women and infants who are not receiving care. It assures them enrollment in health care and supportive services utilizing professional and paraprofessional staff.

VIRGINIA BEACH: PRENATAL CARE

The Virginia Beach Health Department provides prenatal care to all low-income women who desire such care. There is no fee to those whose income is below the poverty level, and a sliding fee scale for those with incomes between 100 percent and 200 percent of poverty. Nearly 1,000 women were served last year.

INFANT MORTALITY DATA FOR THE SURVEY CITIES

CITY	INFANT MORTALITY RATE	WHITE INFANT MORTALITY RATE	BLACK INFANT MORTALITY RATE
Albuquerque, NM	11.0	10.5	20.4
Alexandria, VA	11.8	12.9	12.9
Austin, TX	6.7	5.3	15.0
Boston, MA	13.9	8.4	23.0
Brockton, MA	11.1	n.a.	n.a.
Buffalo, NY	10.4	6.2	17.6
Cambridge, MA	10.2	13.4	3.9
Camden, NJ	16.8	15.2	18.5
Charlottesville, VA	7.2	7.8	6.1
Chicago, IL	16.6	10.7	22.9
Columbus, OH	12.3	11.9	13.8
Dade County, FL	10.7	7.7	16.5
Dallas, TX	11.8	9.8	16.0
Davis, CA	7.3	8.6	.0
El Paso, TX	11.0	10.4	29.5
Evanston, IL	4.8	2.9	9.2
Fort Worth, TX	13.2	9.3	26.6
Hampton, VA	12.6	10.4	17.1
Hartford, CT	14.6	10.5	20.6
Houston, TX	11.3	9.2	17.2
Indianapolis, IN	14.2	10.7	24.6
Irvine, CA	7.0	8.4	.0
Jacksonville, FL	13.1	10.0	19.7
Jersey City, NJ	16.5	12.5	23.5
Kansas City, MO	16.2	13.0	21.5
Lincoln, NE	10.7	n.a.	n.a.
Lynchburg, VA	11.2	12.6	9.0
Nashville, TN	11.7	7.6	22.0
New Haven, CT	17.8	9.9	27.3
New Orleans, LA	15.5	12.5	16.8
New York, NY	12.4	11.2	15.5
Norfolk, VA	14.6	9.5	22.3
Oakland, CA	14.8	10.8	19.7
Philadelphia, PA	15.5	9.6	21.8
Phoenix, AZ	11.0	10.3	18.4
Portland, OR	9.0	7.6	20.2
Raleigh, NC	14.1	13.9	15.7
Redmond, WA	12.3	n.a.	n.a.
Rochester, NY	13.0	9.6	19.7
San Antonio, TX	10.2	9.6	18.8
San Diego, CA	9.4	8.7	14.3
Santa Barbara, CA	3.0	3.3	.0
Santa Monica, CA	11.2	12.1	15.9
Scottsdale, AZ	7.0	n.a.	n.a.
Seattle, WA	10.4	10.1	17.1
Somerville, MA	10.2	n.a.	n.a.
Trenton, NJ	17.4	11.2	23.2
Tucson, AZ	10.1	10.2	15.2
Virginia Beach, VA	10.6	8.6	21.0
Warwick, RI	8.3	n.a.	n.a.
Washington, DC	21.1	13.3	24.0
SURVEY CITIES	12.6	9.7	18.5
UNITED STATES	10.4	8.9	18.0

SOURCE: National Center for Health Statistics

CITY PROGRAMS FOR CHILDREN

The city officials provided descriptions of a wide variety of programs underway in their cities which benefit children. These programs generally involve the expenditure of public monies; and the city government plays a leadership role in them. The programs represent a wide range of efforts, including child care, early childhood education, recreation, drop-out prevention, and employment and training.

ALBUQUERQUE: BUSINESS/EDUCATION COMPACT

The Albuquerque Business/Education Compact was designed to combat high dropout rates among area youth. A replica of the Boston Compact, ABEC is a coalition of the city government, Albuquerque Public Schools and the local business community which has undertaken a multi-faceted program targeted to youths at risk of dropping out of school. It begins with children at the junior high school level.

ALEXANDRIA: HEAD START

The Alexandria Head Start Program, established in 1966, is a collaborative program between the city's community action agency, the local school system, local government and a private non-profit human services agency. It has successfully served over 2,100 Alexandria children since 1966. It provides a developmentally appropriate education component, nutritionally-balanced meals, social services, medical and dental screening and child care. The program insists upon parental involvement and has significantly improved children's intellectual and social functioning in primary schools and into adulthood.

AUSTIN: CHILD CARE COMMISSION

In March 1985 the Mayor's Task Force on Child Care was appointed to identify the needs of children, parents, child care providers, and employers, as well as the economic issues involved in providing quality child care. The Task Force was also charged with developing a short and long range plan for a child care system to meet these needs. Contained in its report, submitted later that year, was a recommendation that a Child Care Commission be established. The Commission was appointed and began its work in June 1986. The commission, which has 20 members appointed by the City Council, makes recommendations to the Council regarding the creation, development and implementation of programs that would provide affordable, quality child care and acts to carry out those activities authorized by the Council. The Commission has worked to promote quality child care in Austin through a video and other activities; assisted in the establishment of a training/referral center; explored standards issues relating to food service, fire safety and the City's building code; and provided information to and recognition of employers interested in child care. Most recently, the Child Care Commission recommended that the City hire a fulltime child care coordinator to coordinate child care issues, address the impact of

proposed policy on child care and assist the Commission with long range planning. An individual is now being hired for that position.

BOSTON: YOUTH PARTNERSHIP

The Boston Youth Partnership was developed in 1987 by Mayor Raymond Flynn to address issues relating to the delivery of youth services in the City of Boston. The City is accomplishes this by building on the relationships it has established with neighborhood organizations, the business community, human service agencies, parents and youth. The mission of the Partnership is to distribute services and opportunities for youth between the ages of nine and 19 by coordinating interdepartmental programs serving the City's youth and strengthening the neighborhood-based networks that deliver youth programs and services. Through the Youth Partnership, the City is working with the community to expand or create programs that provide youth with better employment opportunities, enable them to complete schooling, increase their access to health care, and increase their participation in community programs and public affairs. A special effort is being made to reach out to high-risk youth and get them involved in productive and rewarding activities.

CAMBRIDGE: FAMILY AND YOUTH ASSISTANCE PROGRAM

The Family and Youth Assistance Program is a collaboration of seven local private and public agencies providing home-based outreach therapy to families. The primary target group is families who are at risk of having a child placed out of the home or who have a child returning from an out-of-home placement. Funding is provided through federal grants with matching funds from all involved agencies. The City of Cambridge, through its Department of Human Services, plays an integral role as one of the collaborative agencies. The Department provides case management and supervision and is part of the advisory board. Through the program families which have previously been difficult to engage are being helped to stay together.

CAMDEN: SUMMER YOUTH PROGRAM

The Summer Youth Program provides activities and meals for youth for seven weeks during the summer. Approximately 4,000 children participate.

CHICAGO: INTERVENTION NETWORK

The Chicago Intervention Network is a city-wide program intended to reduce gang activity. Established in July 1985, the program was developed by the Mayor's Task Force on Youth Crime Prevention and based on testimony taken from private citizens and local groups in each of Chicago's 25 police districts. The program serves gang members, youth at risk of gang involvement, families and communities. It includes direct intervention mobile teams, prevention and treatment through a network of over 100 community-based agencies, neighborhood empowerment and citizen involvement through neighborhood watches, advisory council and block club development and a 24-hour gang hotline.

The program is funded with City of Chicago corporate funds and federal Community Development Block Grant funds. Among its major accomplishments in 1987, 7,400 clients were served; there were 6,200 street interventions; 10,000 people were served through outreach and technical assistance activities; 90 schools were involved in the Safe Schools Zone programs; 25,000 persons were served by the community-based agencies funded through the program; and over 90,000 volunteer hours were provided in neighborhood watch activities.

COLUMBUS: YOUTH OUTREACH PROGRAM

In 1985 the City of Columbus was under seige from an outbreak of youth gang activities. They were violent in nature and quickly intimidated the City's citizens. Weapons of all types were showing up in schools and in public. Fights involving guns and knives took place in broad daylight on public streets. A coalition of the local United Way, public school system and other governmental and private agencies was lead by the City to form a policy-making committee. The committee was instrumental in developing a project which is currently operating, with the City its primary funder. The project employs a staff of "street workers," whose responsibility is to build a working relationship with gang members while accessing needed services and programs for gang members. The program has reduced the incidence of violent activities and the amount of gang activity. The program has also provided some needed data to help the social service community understand the needs of these youth that are going unmet. As a result more appropriate services have been designed and recommended for implementation.

DADE COUNTY: METRO-DADE CHILD DEVELOPMENT SERVICES

Metro-Dade Child Development Services is an umbrella agency in Dade County which administers government-subsidized child care funds to assist parents in obtaining quality child care services and coordinates community and business resources for child care needs. The agency's goal is to provide an extensive system of services to children and their families which will assist them in achieving and maintaining self-sufficiency and in fostering family unity. Presently it serves over 7,500 children and subcontracts with over 250 licensed child care providers for infant care, family day care, preschool care and after school care. The agency operates a child care hotline which provides information and referrals on choosing a quality child care program, subsidized child care and substitute listing. It provides information to employers on affordable ways of providing child care to employees. Also provided by Child Development Services are a toy lending library, a resources and curriculum library, a child care first aid course, a food handler's course, parenting education workshops, a quarterly newsletter, child advocacy, television programs, an annual health and safety fair and an annual children's festival.

EL PASO: YOUTH ASSISTANCE PROGRAM

The Youth Assistance Program was established in 1975 through the CETA program. In 1979 it was incorporated into the City of El Paso's Community Development Block Grant Program, and has been entirely funded by that Program since that time. The Program is a non-coercive, preventive program

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dedicated to providing assistance to youth ages seven to 17 who are experiencing problems. It provides short-term counseling, crisis intervention, advocacy and information and referral. The Program is an important resource for at-risk youth in El Paso.

EVANSTON: YOUTH ADVOCACY PROGRAM

In early 1988 the Youth Advocacy Program was initiated and funded by the City of Evanston in cooperation with the two Evanston school districts and a number of youth-serving agencies. The program serves the hardest to reach youth, ages 11 to 17, who have not been reached previously through available services. Program objectives are to increase school attendance, improve behavior in school and community activities, reduce police contacts and modify the service network so that it can better meet the needs of these youth. The program is intended to serve 60 to 80 youth each year with its annual budget of $140,000 provided by the City of Evanston.

The Program provides coordinated service planning with youth, parents and all relevant service providers including the schools. Youth advocates assigned to each youth provide comprehensive case management and advocacy. All institutions and agencies related to youth -- schools, police, social service agencies and others -- developed the program concept and cooperated in its implementation. An advisory board of school, agency and community representatives oversees its activities.

FORT WORTH: NEAR SOUTHEAST YOUTH PROGRAM

The City of Fort Worth acted as the facilitator with the Tarrant County Youth Collaboration to address local youth issues. The Collaboration is composed of 59 youth-serving agencies. The first project was the Near Southeast Youth Program. The Program offers a wide range of services to out-of-school youth (drop-outs and truants), ages six through 18, who reside in the Near Southeast Community. Services include information and referral, parental counseling, youth counseling, referral for food, clothing, day care services, youth activities, educational and employment services, GED and tutoring. Services are also provided to the youth's family.

HOUSTON: HEALTHY MOTHER/HEALTHY BABY PROGRAM

The Healthy Mother/Healthy Baby Coalition of Harris County has identified the complexity of eligibility screening as a major access barrier to health services for medically and financially indigent pregnant women. Eligibility issues are especially important in the transfer of pregnant women form City and County prenatal programs to maternity care at the District's Jefferson Davis Hospital.

In response, pilot eligibility projects have been initiated within the last four years. The four-year-old City and District pilot at the City's Northside Health Center appears to be facilitating the flow of patients to Jefferson Davis Hospital by having a District screener on site. This accessibility to District services is not available at the six other City health clinics.

Further recommendations include the continuation of cooperative efforts to develop a common eligibility program and lobbying to enhance Medicaid benefits for women and their children whose incomes are up to 100 percent of poverty. This could resolve the eligibility problem by requiring all providers to adopt the same reimbursement criteria.

INDIANAPOLIS

INVEST INDIANAPOLIS

A replica of the Boston Compact, Invest Indianapolis involves the city government and businesses and is funded in part by the National Alliance of Business. Its aim is to keep at-risk students in school.

VISIONS

Visions is a youth leadership program sponsored and funded by the City. Through it, young adults have an opportunity to become involved in community activities, committees, advisory boards and service projects. It instills and projects a positive image of teens to the community and the young people.

IRVINE: CHILD CARE PROJECT

The Irvine Child Care Project was created through a joint powers agreement between the City of Irvine and the Irvine Unified School District to promote quality child care and child development programs. Relocatable classrooms are placed on School District sites and the quality of the programs operated in them is monitored. The project also reviews the applications of the non-profit organizations which lease the sites and assures adequate rehabilitation and maintenance of them.

JACKSONVILLE: CARE FOR KIDS PROJECT

The Care for Kids Project involves corporations, government and educational institutions. It trains welfare mothers, renovates their homes and prepares them for running their own family day care homes. As a result, welfare mothers have been assisted and child care waiting lists for low-income children have been decreased.

KANSAS CITY: YOUTH ENRICHMENT PROGRAM

The Youth Enrichment Program was developed during the summer of 1988 as a community response to the spread of drug abuse and drug gang activity in central city neighborhoods. Community leaders were concerned because budget cutbacks were forcing many youth recreation centers and programs to eliminate evening activities. At the same time, reports were increasing that Los Angeles-based drug gangs had moved into the area and were using youngsters to establish their drug distribution systems. The real threat of violence involving community youth who had no legitimate outlets for their free time lead to the development of the Youth Enrichment Program.

With a budget of $240,000 in public and private funds, the program targets 13 to 16-year-olds with outreach counseling, arts, athletics, crisis

intervention and other special activities. The objective is to provide healthy outlets and opportunities for the development of a positive self-image, as an alternative to participation in gang and drug activities. The program is managed by a Youth Program Council, with oversight provided by an advisory council. Both groups will assess the success of the summer program at its conclusion, and determine the need to continue a similar effort on a year-round basis.

NASHVILLE

RICHLAND VILLAGE

Richland Village is an emergency shelter and residential treatment center for teenagers operated by the Metro Social Services Department. Its seven-acre campus includes four 11-bed cottages for teen-age group living, one cottage for day care of children six weeks to five years of age, one cottage for an alternative school, counselors' offices, a recreational facility, a dining hall, an administration building and a swimming pool. Teenagers are admitted for 24-hour emergency shelter because of critical problems in family relationships, school failure, incipient delinquency and other problems. Services include individual and group counseling for residents and their parents, special education, recreation, and work opportunities.

SUMMER ENRICHMENT PROGRAM

The Summer Enrichment Program is a pilot program designed to provide educational, cultural, academic and recreational guidance for 200 low-income children. Aimed at children ages four to 12 years old, the program operates Monday through Friday from 7:30 AM to 5:00 PM. No fees are charged currently, but a flat fee for the seven weeks is planned for the future. The program is funded by the Community Services Block Grant and receives assistance from the U.S. Department of Agriculture.

THE CLUBHOUSE PROGRAM

Two child care programs for children ages five through 12 are operated in or near three large family public housing developments. Each program is licensed for a maximum number of 45 children. Program development strives to provide more than custodial care. Through a variety of carefully planned and closely supervised activities, the children develop skills in creative work and play. Some of these activities include crafts, games, films and physical development activities. Tutoring is a strong component in the school year program. During the summer and on school holidays a planned program of field trips expands the children's horizons. The children are provided nutritious morning and afternoon snacks. During the summer the children participate in a summer lunch program located at each site. The program is funded with Community Development Block Grant funds and with in-kind contributions form the Housing Authority.

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NEW ORLEANS

THE SUMMER YOUTH EMPLOYMENT AND TRAINING PROGRAM

The Summer Youth Employment and Training Program is funded under the Job Training Partnership Act. The Mayor's Office and the Office of Employment, Training and Development administer the program, which serves over 2600 young people each year. The program is designed to provide work experience and training to economically disadvantaged youths. It is also intended to serve as an incentive for them to remain in school or otherwise continue their education and career development.

HOME INSTRUCTION PROGRAM FOR PRESCHOOL YOUNGSTERS

The Home Instruction Program for Preschool Youngsters (HIPPY) was originated by the National Council of Jewish Women Research Institute for Innovation in Education at the School of Education of Hebrew University in Jerusalem in 1969. The program provides mothers of four-year-olds with the instruction and teaching abilities to help their children develop the oral language skills, discrimination skills, problem-solving skills and sensory discrimination skills that will help them to be more successful in the school. The program employs seven paraprofessionals and serves 70 families.

RESCUE I PROGRAM

The Urban League of New Orleans' "Rescue I Program" is designed to unite 500 black male teenagers with adult male role models to attempt to bring a sense of direction and stability into the lives of these young men when they are most impressionalbe and most at risk. The 500 young men will be identified from referrals and requests; they come from the streets of the inner city and from broken or single parent homes. The adult male role models are carefully selected professionals who must first display an interest in being involved. The City allocated Community Development Block Grant funds to the program and expects to be able to fund it annually.

NEW YORK CITY

PROJECT GIANT STEP

Project Giant Step is a comprehensive program for four-year-olds and their families which offers developmentally appropriate education, parent involvement activities, health and nutrition services, social services for families, an intensive staff development program and continuity with kindergarten. To overcome fragmentation in delivery of early childhood services, Project Giant Step spans the child care and education sectors, serving children through the Agency for Child Development and the Board of Education. A team consisting of a licensed teacher, educational assistant and family service worker serves two classes of 20 children each who attend the program for three hours, either in the morning or the afternoon. Project Giant Step began in FY87 with a capacity of 2,620 four-year-olds. In FY89 it is funded to serve 10,210 children. To be eligible a child must be four years old by December 31st of the school year, live in the targeted community district and meet the income eligibility criteria (10 percent can be above the income limits). No fees are charged. Classes are located in

all five boroughs, covering 30 of the City's 59 community planning boards. Its FY88 budget is approximately $24 million, $10.1 million from City tax levy funds and the rest from the Social Services Block Grant.

CITIES-IN-SCHOOLS

The Cities-In-Schools program represents the cohesive efforts of several city agencies and segments of the private sector to provide comprehensive multi-social intervention services to a targeted school population. It involves New York City's Department of Parks and Recreation, Board of Education, and Human Resources Administration. The program is intended to reduce truancy and prevent pupil dropout, coordinate social service delivery to students and their families and create a social service presence in the schools that will support teachers and students and coordinate other programs. The program focuses academic and social services on those youth in elementary and junior high school whose attendance falls below 85 percent, are below grade level in reading or math or have behavioral problems suspected to be caused by family dysfunctioning. Referrals are made by the participating schools. Services include attendance monitoring, group/family/individual counseling, referrals and planned recreational and social programs. Results to date indicate a significant reduction in the dropout rate, improved attendance and improved participation by family members in counseling services.

Through the Life Skills Program, a part of the Cities-In-Schools program, a series of workshops is conducted to provide training in basic skills necessary for successful adult and family functioning. Subjects covered include basic nutrition; safety in the home, school and street; care and selection of clothing; budgeting and financial management; and saving through recycling.

PHILADELPHIA: CITIES IN SCHOOLS

The model Cities in School program is designed to reduce truancy and school dropouts in the Kensington area.

PHOENIX: HEAD START

Phoenix's Head Start Program has been in operation for 24 years. It serves three to five-year-old children from low-income families throughout the community. Approximately 1200 children are served annually through contracts between the City and 12 community-based organizations. The comprehensive child development program provides educational, nutritional, health, social, parent involvement and special needs services.

PORTLAND: THE LEADERS ROUNDTABLE, THE PORTLAND INVESTMENT

To counter a serious problem of youth unemployment -- particularly among low-income and minority youth -- several business, education and local government leaders in Portland have joined forces in a partnership, the Leaders Roundtable. This group invited youth service workers, educators, human service providers and business representatives from the metropolitan area to recommend a comprehensive system of services to deliver the following results: Reduce school dropouts, provide increased employment

skills, and provide increased access to jobs -- especially for low-income and minority youth.

Recommendations from the Roundtable's planning group have been translated into a long-range plan that charts a course for change in various institutions to help young people gain self-sufficiency, lead productive adult lives and break through patterns of dependency.

The Portland Investment addresses the needs of youth who are at risk of chronic unemployment as adults because they lack the skills and know-how to get and keep a job. Barriers such as lack of basic academic skills, little or no personal work experience, and limited access to the job market are working against them to cause alienation, disconnection and lack of confidence. The Portland Investment is a systematic approach that will prevent such barriers from limiting the lives of children and youth. It is a long-term plan that may take 10 years or more to accomplish.

At the end of the second year a number of specific initiatives have been undertaken which address several broad objectives to:

- Focus on the needs of families and children so children have the best possible start in school;
- Provide youth with basic academic skills, knowledge about the working world, and the self-confidence and work maturity needed to be employable;
- Establish linkages among agencies and schools to provide a continuum of services, eliminate needless duplication and reduce fragmentation;
- Actively work to overcome racial bias as a barrier to employment;
- Actively work to increase the number of jobs available to youth, especially low-income and minority youth.

RALEIGH: YOUTH EMPLOYMENT PROGRAM

The Raleigh Youth Employment Program began July 1, 1986 to provide services and positive work experiences to young people ages 14 to 21. They are engaged during their free time in meaningful work experience and paid for the hours worked. In the summer youth program, approximately 100 youth work for six weeks in full- and part-time positions in various city agencies. During the school year the Beltline Clean-Up Program provides employment to 15 participants for eight hours on Saturdays. Parks and Recreation Department employees supervise the youth in clean-up activities. They work two Saturdays a month from September through April. The program's benefits include: providing the City with services, providing youths with jobs that train them and pay them for services performed, and giving those youths a structured environment in which to channel their energies while they are not in school.

REDMOND: CHILD CARE

In response to a study of the need for affordable child care in Redmond, which was conducted using Community Development Block Grant funds, the local school district and vocational school are training students to run child care centers. The vocational school has received CDBG funds which were used to buy a portable classroom that was installed on school land and used as a training site for the child care students. The facility, which is staffed by the school's faculty and child care students, offers low-cost care to the children of other students who meet income eligibility criteria and to those of other parents in the city who meet the income criteria. The quality of care is high; parent education on choosing good care and other topics is emphasized.

SAN DIEGO: YOUTH SERVICES

The Youth Services component of San Diego City government coordinates all youth services provided by City departments and maintains liaison between the City and community organizations that provide services to youths. Assisted by advisory groups comprised of City representatives, agency directors and youths, the Youth Services component oversees the coordinative aspects of city-wide youth services, a fellowship program for youths who serve as interns in various City departments, and a speaker's bureau comprised of City officials who meet with youth groups to explain the role of citizens in civic affairs. Funding for youth services is included in the annual budget appropriation for the Community Services Program.

SANTA BARBARA: FAMILY CARE CENTER

For the past 15 years the Santa Barbara Family Care Center has provided a variety of innovative programs of preschool and infant education and help to families in meeting their child care needs. Some of the programs are designed to address the problems of language handicap, school drop-outs, drug abuse, mental illness and poverty.

The Center's role has been primarily as a funding source, administering both City human services and Community Development Block Grant funds. It also receives funds from the State Department of Education, Santa Barbara County, United Way and private foundations and through fundraising efforts. Its approximate operating budget is $600,000 per year. The Center is currently operating three programs:

- THE INFANT-TODDLER-PARENT PROGRAM serves children from birth through preschool and their parents. They are exposed to a rich bilingual and bicultural program that focuses on improving the children's language skills and the parents' parenting skills. The program also provides parent counseling and some emergency services to help families with the acculturation process and integration into the community at large.

- THE INFANT CENTER provides care for infants and toddlers and offers learning experiences for very young children while permitting their parents to pursue other educational and/or economic activities of importance to their family's well-being.

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- THE RESOURCES AND REFERRAL PROGRAM links parents and child care providers, provides additional supportive services to parents and providers and acts as an advocate for children in the community. Other services offered include state-subsidized food programs, respite care, latchkey programs, fingerprinting services, a quarterly newsletter and a lending library.

SANTA MONICA: CHILD CARE SUPPORT PROGRAMS

The City of Santa Monica has undertaken a number of efforts to support and expand the availability of child care. These include:

- A CITY EMPLOYEE CHILD CARE PROGRAM. City government funds are used to provide emergency care and subsidies for low-income employees. Infant and pre-school care are planned, as well as care for mildly ill children;

- DEVELOPMENT AGREEMENTS. The city negotiates development agreements with large developers for the inclusion of day care centers and child care subsidies in large projects. Four centers have been negotiated, as well as $200,000 in subsidies; and

- COMMUNITY GRANTS. City general funds have been used to provide resources, referrals and training to support and expand family day care and for a child care scholarship program.

SCOTTSDALE: JUVENILE DIVERSION PROGRAM

The Scottsdale Youth Service Program began the Juvenile Diversion Program in May 1986. It serves juveniles ages eight to 18 charged with misdemeanor or status offenses and gives them and their families the opportunity to avoid contact with the juvenile justice system. Participants take part in counseling/assessment, perform community service work, attend life skills (leadership) seminars, receive tutorial assistance and job services. To date the program has had a 98 percent success rate. It is supported with City government funds.

SEATTLE: COMPREHENSIVE CHILD CARE PROGRAM

The Comprehensive Child Care Program was established to provide affordable, quality child care to Seattle's families. It works in a variety of ways.

To assist directly in the provision of child care, the city performs intake services for families, while child care is provided by licensed providers and monitored by the city. Parents pay a fee of from 25 percent to 55 percent of the cost of care, depending on their income. The City offers a variety of support services to the providers, including on-site preventive health care, training and technical assistance. Funding comes from the Community Development Block Grant, the Job Training Partnership Act, City general funds, the United Way and the Washington State Department of Social and Health Services.

In addition to providing funding, the City of Seattle has used its governance authority to improve its child care delivery system. Seattle has had a child care coordinator in its Human Resources Department for more than 15 years; more recently Mayor Charles Royer formed a day care task force comprised of representatives of city departments to oversee the city's child care initiatives. The city government has provided funding and subsidies, and effectively used zoning ordinances and bond issues to meet child care needs. Among the city agencies which have been involved in the efforts in addition to the Human Resources Department are the Department of Construction and Land Use, regarding building permits and occupancy; the zoning staff, on siting new programs; and the Parks Department, which is providing after school recreation programs to meet some of the needs of latchkey children.

To expand the availability of child care, the City used $240,000 of its funds to provide a mobile unit at each of two public schools in which all-day child care could be provided year round. The effort was so successful that voters passed a $5 million day care addition to a school levy. These funds are being used to add in-school child care space in 14 elementary schools.

Seattle has undertaken a number of other activities relating to day care: It has a parental leave policy for employees which allows for the use of sick leave to take care of a sick child and permits maternity and paternity leaves. It provides funding, along with foundations and corporations to the Child and Family Resource Center, which provides training to child care providers, workshops for parents and information and referrals. With the school district and the Chamber of Commerce, the City helped to establish a community consortium of employers, parents, school and government staff, parks and recreation experts and the business community to focus on before- and after-school child care. It is also participating in efforts to provide day care to homeless children.

SOMERVILLE: INFANT TODDLER CENTER

The City's first Infant Toddler Center is a public/private partnership in which the Somerville Housing Authority is paying the rent, the City is providing a day care planner with Community Development Block Grant funds, and the Elizabeth Peabody House is responsible for administrative duties. The Infant Toddler Teacher Program was made possible by a grant through Employment Resources Inc., with additional funds from the federal government, state welfare and contributors.

TRENTON: CHILD ASSAULT PREVENTION PROGRAM

The Child Assault Prevention Program provides children with realistic and functional information about safety needs and equips them with the skills to develop and implement effective personal safety strategies. It gives children prevention information to assist them in dealing with verbal, physical and sexual abuse. It also provides workshops for parents, teachers and staff. The program is operated in the Trenton public schools, with classroom presentations for kindergarten and second grade students. Supported in part by Community Development Block Grant funds, it reached 1600 children during the 1986-1987 school year.

VIRGINIA BEACH: PENDLETON CHILD SERVICE CENTER

The Pendleton Child Service Center is a community-based multi-disciplinary program for children 12 and under who are exhibiting antisocial and maladapted behaviors in the home, school and/or community. The goal of Pendleton's treatment program is to reduce the incidence of these problematic behaviors and to increase socially acceptable behaviors in order to prevent more serious future consequences for the child and the community, such as involvement in the juvenile justice system.

WARWICK: VOWS

Volunteers of Warwick Schools (VOWS) is a child abuse prevention program which uses puppets in skits to define what child abuse is and how a child should deal with it if it happens to him or her. Professional staff psychologists are available after these skits in case a child wishes to disclose an act of abuse. VOWS receives funding from both the City and the State government.

WASHINGTON, D.C.: JUVENILE JUSTICE PREVENTION

The Juvenile Justice Prevention Program is a multi-agency initiative which involves the Departments of Human Services, Recreation, Employment Services and Housing and the school and court systems. Its major objective is to prevent juveniles from entering the justice system. It includes an interagency tracking system, the analysis of programs for at-risk children and youth, and the development of a strategy for community involvement.

WEST HOLLYWOOD: PROJECT ABLE

The City of West Hollywood, the State Office of AIDS and the Los Angeles Free Clinic have organized Project ABLE (AIDS Beliefs Through Education), a youth theater troupe which presents AIDS education programs to youth audiences and community groups. The members of the troupe are all young people who have gone through one of the Clinic's programs for high-risk youth and have expressed an interest in working with others to change at-risk behaviors. The troupe is trained in AIDS issues, communication skills, sensitivity to cultural issues and health education. The presentations are followed by small group discussions led by the youth participants and focus on peer support for behavior changes regarding "safe sex" practices. The Program began as a pilot project in 1987-88 and will be expanded this year.

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CITY INITIATIVES FOR CHILDREN

Officials in the survey city described a series of recent initiatives which are broader than a single program which relate to children. Many of them involve a task force or policy development effort. The initiatives include:

ALBUQUERQUE: TASK FORCE ON CHILDREN AND YOUTH

An ad hoc task force on children and youth was created as part of a comprehensive planning process to identify priority issues related to children, youth and families. The task force has prepared a problem assessment and recommended priorities, goals and strategies related to children's services.

ALEXANDRIA

EARLY CHILDHOOD DEVELOPMENT TASK FORCE

The City Council established the Early Childhood Development Task Force to develop a city-wide strategy to insure high quality child care standards within a network of adequate, accessible and affordable child care. While starting with at-risk four-year-olds, the goal is to serve all four-year-olds in a comprehensive full-day program. This will require different funding sources and programs to deliver services and, it is hoped, will upgrade existing child care programs through incentives and regulations.

ADOLESCENT PREGNANCY AND PARENTHOOD STEERING COMMITTEE

The City Council established the Adolescent Pregnancy and Parenthood Steering Committee to advise the City on issues and policies aimed at reducing the rate of teen pregnancy and improving services and assistance to teenage parents. The group is developing long-range strategies and community-wide coordination.

BOSTON: DEPARTMENT OF PARKS AND RECREATION

Boston's Department of Parks and Recreation offers a series of activities designed to bring families back into the parks again. The programs are offered with the support of Boston area businesses. Activities include free concerts and sporting events to watch and participate in. Seventeen parks have organized activities every weekday during the summer months. The Boston Park Rangers, a division of the Department, includes a diverse group of men and women recruited for their enthusiasm and dedication to the preservation of Boston's parks. They offer educational and recreational experiences year round for all who would like to enjoy Boston's parks. All programs are free of charge. The Rangers are also available for guest lectures and classroom programs.

BROCKTON: MAYOR'S COMMITTEE ON CHILDREN AND YOUTH

The Mayor's Committee on Children and Youth is currently taking testimony in a series of public hearings being held at the four junior high schools in the City. The results of the hearing will be compiled into a series of recommendations to the Mayor on the socio-recreational needs of children and youth in Brockton. The Committee is chaired by the Chief of Police.

BUFFALO: COMPREHENSIVE PLAN

The Buffalo Division for Youth is currently developing a comprehensive plan for providing services to the city's youth.

CAMBRIDGE: YOUTH POLICY

Cambridge's Vice Mayor has initiated a process to develop a youth policy for the city. The Department of Human Services is taking the lead on this project.

CHICAGO: YOUTH SHOWCASE

Launched this year, the City of Chicago, through its Department of Human Services, is sponsoring a Youth Showcase. Designed to highlight youth accomplishments, the program provides for the recognition of youth achievers in fields ranging from athletics to academia and provides opportunities for children to learn how to excel. Operated in partnership with numerous community-based organizations, this year-round program will heighten awareness of the importance of youth and their development.

COLUMBUS: KIDS SPEAK

Kids Speak was designed primarily to enable elementary school-aged children to have involvement in City government. The program enables them to be exposed to the workings of City government at an early age, thus fostering their expectations and knowledge of the governmental system.

FORT WORTH: COMPREHENSIVE SERVICE CENTER

The City of Fort Worth is currently examining the feasibility of a Comprehensive Service Center for Fort Worth Youth similar to The Door in New York City. The goal of the program is to help troubled youth be responsible, well adapted, happy young persons by providing them on-site professional case management and a variety of needed services. The services to be provided range from educational programs, health services and sexuality education to legal services, job training, counseling and child care. The Youth Center will be a community-based, non-profit organization based on a collaborative effort of youth service agencies. The program will be designed to serve the at-risk youth population. Also special programs will be offered for parents, enabling them to provide stronger, more effective support for their children. The City Manager has recently formed a task force to review the concept and promote the agency collaboration necessary for this program to be implemented.

INDIANAPOLIS: THE YEAR OF THE CHILD: 1988

In his annual state of the city speech, Indianapolis Mayor William H. Hudnut, III declared 1988 The Year of the Child. He said: "I am talking about a long-term vision of our community to help our youth fulfill their potential. I am not talking about supplanting the family. I'm talking about supplementing it through services and programmatic improvements, as well as changes in attitudes and practices toward our youth." He called for putting in place a structure to deal with youth issues in a coordinated and inclusive way, including the establishment of the Greater Indianapolis Commission on Youth and of a human services task force within the city government.

KANSAS CITY: QC 2000

The Mid American Regional Council Board recently endorsed a proposal to the Department of Health and Human Services submitted by the Heart of America Family Services to develop an umbrella system to coordinate and improve child care services. If approved, this program, known as QC 2000, will address licensure and accreditation issues, offer technical assistance to small agencies and disseminate information to the community. A computerized database on child care services in the region would be established.

LINCOLN: COMMITTEE ACTIVITIES

The Mayor's Committee on Children and Youth has examined a variety of issues facing Lincoln and its youth, including the financial cost of runaways from Lincoln-based State institutions, the need for a central location for youth to "hang out" which has positive rather than negative influences, and, currently, the increasing need and lack of services for adolescent sexual perpetrators, a growing problem in Lincoln.

The Lincoln/Lancaster Child Care Advisory Committee now serves as a consultant to the United Way Allocations Cabinet, has been successful in instituting a cafeteria benefit plan for City-County employees which includes child care tax shelters, and provides a central computerized information and referral system.

The Justice Council's Alcohol Advisory Committee is working with the LIncoln Council on Alcoholism and Drug Abuse to find solutions to the problem of adult procurement of alcohol for youth. The Justice Council's Juvenile Justice Review Committee is examining the effectiveness of the current system on recidivism.

The Child Abuse Coalition's purpose is to reduce child abuse and neglect in Lincoln/Lancaster County and to heighten public awareness about this crime. The Domestic Violence Coalition will add a specific focus in 1989 concerning children in violent home settings.

The Teenage Pregnancy Prevention Coalition is compiling local statistical data, developing a media campaign and working with Business and Professional Women on offering a course on Choices & Challenges for teens.

NEW ORLEANS: THE MAYOR'S FOUNDATION FOR EDUCATION, INC.

The Mayor's Foundation for Education was established by New Orleans Mayor Sidney Barthelemy to improve the quality of public elementary and secondary education in New Orleans; to aid students, teachers and administrators to achieve excellence in education; to assist the school system and its employees in communicating with New Orleanians not directly involved with the public schools; to enhance and improve the partnership between city government and the public schools system; to enhance communication and coordinated policy formation within the school system; and to raise and expend funds and donations necessary to accomplish these purposes.

NEW YORK CITY: THE MAYOR'S INITIATIVE

Last year, New York City Mayor Edward I. Koch announced the City's Evening and Weekend Recreation Initiatives, a $5.4 million effort to open recreation programs in local communities. The Mayor's Initiative, as this program has come to be known, is aimed at increasing the involvement of youth ages 11 to 18 in supervised evening and Saturday activities. The Initiative is a collaborative effort of three city agencies, the Parks Department, which provides $1.2 million; the Board of Education, which provides $1.8 million, and the Youth Bureau, which provides $2.4 million. It has resulted in 187 additional program sites city-wide. Each program is open three evenings per week from October to June and for six hours on Saturday. Activities provided include individual and team sports training and competition, arts and crafts and aerobics. Average site attendance is in excess of 100 youngsters per session.

PHOENIX: BOARD FOR CHILDREN, YOUTH AND FAMILIES

The Mayor and City Council have approved the establishment of a Board for Children, Youth and Families. Appointments to it are currently being made. The Board will address all children's issues through direct service delivery, advocacy and coordination of efforts.

PORTLAND: MULTNOMAH COUNTY CHILDREN'S AGENDA

In response to a request from Oregon Governor Neil Goldschmidt, the Multnomah County Children's Agenda was formulated to determine the most important needs of children in the County and what the state and local communities can do to meet those needs. Several meetings were held in Portland so that business and community representatives; elected officials; neighborhood; church and service groups; professionals; practitioners and citizen advocates could all be involved in the process. The agenda was developed over the summer and addresses 14 broad areas: family support, attention to special needs, racial and ethnic diversity and access to services, preventive early childhood services and youth services, child care, education, youth empowerment, youth employment, substance abuse, mental health services, runaway or homeless youth and missing children, alternatives to crime and incarceration, migrant and farmworker child care and physical health services.

SEATTLE: POLICY PLAN FOR CHILDREN AND YOUTH

On May 9, 1988 the Seattle City Council adopted a Policy Plan for Children and Youth. The Policy Plan was developed with four primary aims in mind:

- To gain a better understanding of the status of children, youth and their families in Seattle and current efforts to address their needs;

- To promote community agreement on goals and priorities and to establish a clearer understanding and consensus on the roles to be played by various jurisdictions and organizations in the service system for children, youth and families;

- To guide the City in making decisions and developing its role in serving children, youth and their families; and

- To identify funding and non-financial strategies for the City's involvement in children, youth and family services.

In 1986 the Seattle City Council adopted a resolution outlining policies for the City's involvement in human services. These broad guidelines provided much of the foundation for the Policy Plan for Children and Youth.

A number of steps were taken, however, as the Policy Plan was developed. A report entitled the "Status of Children and Youth in Seattle" provided an updated look at where Seattle stands with regard to the health, development, education and well-being of its young people, including an overview of major trends and forces affecting their lives and prospects for the future. The "Status of Seattle's Service system for Children, Youth and Their Families" focused on the key players in children and youth services and the network of services available, identifying major problems and concerns about services, and developing an understanding of current community strategies directed at children and youth and their potential for effective prevention or intervention. An interim report to the Mayor and Council provided a review of the City's resources and roles with regard to children and youth. This effort was undertaken to identify the City's current investment and potential actions or positions most appropriate for Seattle as it addresses the needs of children, youth and their families.

The Policy Plan includes five sections:

- The Introduction and Background identify the trends, issues and problems affecting children, youth and their families in Seattle. The information is included to help explain some of the forces behind the creation of the Policy Plan.

- The Community Agenda proposes a direction for Seattle, beyond City government, in an attempt to help unify the actions of the many diverse governments, agencies and organizations committed to assisting children, youth and families.

- The Policy Framework provides the foundation on which the Policy Plan is built, describing the basic assumptions underlying the planning.

- The Targets for the City of Seattle defines the roles the City will play in addressing the needs of children youth and their families, long range goals for the City, and priorities and strategies for the next two to five years.

- The Policy Plan ends with conclusions and an overview of the next steps to be taken in implementing the long range goals, priorities and strategies.

WARWICK: SUBSTANCE ABUSE PREVENTION

Under the Rhode Island Substance Abuse Act a comprehensive, multi-faceted city-wide substance abuse prevention effort is funded through a surcharge on speeding violations. The City recently completed a substance abuse survey of students in grades seven to 12. This study, the first of its magnitude in the State, is being used as a foundation for effective programming in schools and the community.

WEST HOLLYWOOD

CHILD CARE

The City of West Hollywood is establishing a child care policy which will include a city-created child care center for use by employees and residents, and enhancement program to support existing family day care centers and encourage new ones, an employee benefits program which offers a broad range of special benefits to parents, and recreation programs which can provide extended day care in conjunction with elementary schools and offer structured recreations programs for family day care providers.

RUNAWAY YOUTH

West Hollywood is funding three non-profit organizations which offer comprehensive social services programs to runaway and throwaway youth who gravitate to the West Hollywood/Hollywood area. These programs provide counseling, housing, job referrals/placements, AIDS prevention education and health care. Two programs have mobile vans which travel to areas where these youth congregate to provide immediate services on the street.

CHILDREN AND THE STRUCTURE OF CITY GOVERNMENT

The officials in the survey cities provided information on how their city governments are organized to meet children's needs. Ninety-four percent of the survey cities have an agency in which the city government has vested responsibility for children's issues.

Thirty-eight percent (20) of the survey cities have a department, bureau or other agency (not including the school system) whose sole responsiblity is children's matters broadly defined. These cities are:

Alexandria	Buffalo	Cambridge	Camden	Hartford
Jacksonvile	Lynchburg	New Haven	New York City	Norfolk
Oakland	Philadelphia	Phoenix	Portland	Raleigh
Rochester	San Antonio	San Diego	Scottsdale	Seattle

Among the 32 survey cities which do not have such an agency, 29 have an agency in city government whose responsiblities among others include children's issues broadly defined. These cities are:

Albuquerque	Austin	Boston	Brockton	Charlottesville
Chicago	Columbus	Dade County	Dallas	El Paso
Evanston	Fort Worth	Hampton	Houston	Indianapolis
Irvine	Jersey City	Kansas City	Lincoln	Nashville
New Orleans	Redmond	Santa Monica	Somerville	Trenton
Virginia Beach	Warwick	Washington,DC	West Hollywood	

Fifty-four percent (28) of the survey cities have a citizens' task force, commission or other public body specifically charged with overseeing children's issues broadly defined. These cities are:

Alexandria	Austin	Boston	Buffalo	Charlottesville
Chicago	Columbus	Hampton	Hartford	Indianapolis
Irvine	Jacksonville	Kansas City	Lincoln	Lynchburg
New Haven	New York City	Norfolk	Oakland	Phoenix
Portland	San Antonio	Santa Monica	Scottsdale	Seattle
Somerville	Virginia Beach	West Hollywood		

Sixty-nine percent (35) of the survey cities have an organization or coalition of organizations which collect local information relating to children's issues. These cities are:

Alexandria	Austin	Brocton	Cambridge	Chicago
Dade County	Dallas	Davis	Evanston	Hartford
Houston	Indianapolis	Jacksonville	Jersey City	Kansas City
Lincoln	Lynchburg	Nashville	New York City	Oakland
Philadelphia	Phoenix	Portland	Raleigh	Rochester
San Antonio	Santa Barbara	Scottsdale	Seattle	Somerville
Trenton	Tucson	Virginia Beach	Warwick	Washington, DC

THE NEXT PRESIDENT AND CHILDREN

The city officials were asked to identify what their mayors think is the most important policy decision that the next President of the United States could make that would benefit children in this country. The answers to this open-ended question covered a range of areas which respond to the various problems which children in cities face. They include:

- INCREASE THE AVAILABILITY OF CHILD CARE -- by Albuquerque, Alexandria, Boston, Fort Worth, Jacksonville, New Orleans, Redmond, San Antonio, Santa Monica, Somerville, Virginia Beach and West Hollywood.

- PROVIDE ADEQUATE FUNDING FOR FAMILY AND CHILDREN'S PROGRAMS -- by Boston, Brockton, Dade County, Jacksonville, Redmond, San Diego, Seattle, Trenton and Virginia Beach.

- INCREASE THE EMPHASIS ON AND FUNDING FOR SUBSTANCE ABUSE PREVENTION-- by Boston, Columbus, Evanston, Oakland, Phoenix, Scottsdale and Washington, D.C.

- MAKE A GREATER INVESTMENT IN EDUCATION -- by Camden, Oakland, Phoenix, Santa Barbara, Scottsdale an Virginia Beach.

- PROVIDE ADDITIONAL EARLY CHILDHOOD EDUCATION OPPORTUNITIES -- by Albuquerque, Alexandria and Boston

- PROVIDE ADDITIONAL PRENATAL AND CHILD HEALTH CARE -- by Boston, Santa Monica and Virginia Beach.

- RESTORE HOUSING FUNDS -- by Santa Barbara, Somerville and Washington, D.C.

- ADDRESS THE URBAN AGENDA -- by Indianapolis, Kansas City and Nashville.

MAYORS' STATEMENTS ABOUT CHILDREN

Mayors in 24 of the survey cities (46 percent) discussed children's issues in their last "state of the city" address. Mayors in 27 of the survey cities (52 percent) have mentioned children's issues in recent speeches. Among their remarks:

MAYOR RAYMOND L. FLYNN, BOSTON, JANUARY 4, 1988:

"Today I have a very special pledge to make to our young people, especially to our children in the Boston Public Schools: My commitment--Boston's commitment -- is a good job at a living wage for every young person willing to work.

"Through expanded public-private partnerships, and with new city initiatives like the soon-to-be announced Boston Jobs Academy, we will keep building the structures needed to meet this goal. Existing programs like the Boston Compact, Boston for Boston, our new Jobstarts Network, the Plan for Excellence, and A.C.C.E.S.S. have already proven successful. And surely, a city that has such a profound economic impact on Massachusetts and the entire New England Region should at least be able to offer its own people good-paying jobs.

"Our greatest natural resource is the potential for creativity that lives in every child. Children are born with hope in their hearts and dreams in their minds. It's our responsibility to nurture these hopes.

"Yet it seems to me that as a city we've been discouraging the young for too long, perhaps out of our own lack of vision. It is time for society to start inspiring its children with a sense of what they can do."

MAYOR DANA RINEHART, COLUMBUS, JANUARY 22, 1988:

"We hear that public schools in Columbus operate a little differently than they do elsewhere. Four years ago, the Mayor, working with the Columbus School Board and Superintendent, organized a coalition on education to re-evaluate the curriculum as it then existed. As a result of their work, graduates from Columbus high schools today have all studied more than one foreign language and taken courses in ethics and philosophy.... The community set a goal in 1988 that no Columbus high school graduate would be denied the chance for a college education for lack of money."

MAYOR KATHRYN J. WHITMIRE, HOUSTON, JANUARY 28, 1988:

"During my administration we've held three Mayor's Hearings on Children and Youth to see what we might do to better prepare the next generation to deal with issues of the next century. We've found that one of the most critical needs facing our young people today is the need for supervised

activity after school. I'm glad to say that the HISD (Houston Independent School District) and the Houston Committee for Private Sector Initiatives have joined forces to identify and develop programs for students we call latchkey children -- kids who don't have any place to go for supervised activity after school. They've started 14 of these programs this year to supplement what we're doing in our city parks system and what some of the school districts are doing, but we're still not even reaching a thousand children with those programs. There are over 100,000 latchkey children in Houston today. We are going to have to put our heads together to find some solutions to that problem and also provide support to our school superintendent. HISD's superintendent has announced her program to get tough on students who are failing in school. And while she and the administrators and the teachers are going to get tough, the program is only going to work if parents and other adults in this community really support it. I urge you to join forces with our school system to do that."

MAYOR WILLIAM H. HUDNUT, III, INDIANAPOLIS, JANUARY 12, 1988:

"I have been saying for some time that I think human revitalization issues in our city are as important as physical revitalization, even though they are more difficult to accomplish....Nonetheless, we must try. We must do everything possible to address the human agenda in our community with the goal of improving the quality of life for people who live and work and raise their families in our city.

"To this end, I would propose that we think of 1988 as 'The Year of the Child' in Indianapolis. In doing so, we must acknowledge that there are many people and agencies who have been working on these things for a long time, and that we are embarking on a journey that will take many years to complete. I am taking about a long term vision of our community to help our youth fulfill their potential. I am not talking about supplanting the family. I'm talking about supplementing it through services and programmatic improvements, as well as changes in attitudes and practices toward youth. We need to consider the extreme cost to society of fixing problems as compared to preventing them -- which is to suggest that investment in children and youth provides a direct economic benefit in the long run to a community....

"We need to put in place a structure that will deal with youth issues in a coordinated and inclusive way. We are discovering in our city that children are falling between the cracks and significant problems such as teenage pregnancy and youth unemployment are not being addressed in a systematic, community-wide manner because no single entity has the authority to require or permit diverse services systems to work together toward a common aim.

"In order to address these issues, we are working with the Community Services Council to establish a Greater Indianapolis Commission on Youth. I am also directing Deputy Mayor Joe Slash to pull together within City Hall an In-House Human Services Task Force....

"Other cities are moving in this direction, and we should do it too, because issues such as child care, youth employment, teenage pregnancy,

drop-outs, illiteracy, homelessness, infant mortality, substance abuse, child and spouse abuse, to mention a few, are serious problems that require our community's attention."

MAYOR BILL HARRIS, LINCOLN, JUNE 13, 1988:

"As our economy expands, and as all sectors of our community realize new opportunities in the workplace, the need for high-quality dependable child care increases in proportion. We anticipate meeting that need by working with employers, helping them structure child care programs to serve their employees and their employees' children. The position of resources specialist in the Health Department will be devoted to making good child care available to working parents."

MAYOR SIDNEY BARTHELEMY, NEW ORLEANS, MAY 5, 1988:

"My administration has remained committed to providing educational and economic support to the youth of New Orleans. We have been sensitive to the needs of our youngsters and we have worked hard to come up with dollars to support the activities which enhance their development.

"Last year, we served more youths than ever before in the summer youth employment program, which provides economically disadvantaged young people with work experience and much-needed dollars. We have also operated the Mayoral Fellowship Program, sponsored by Chevron, which gives local students the opportunity to work in city government each summer. We fought hard to keep our New Orleans Recreation Department summer camps and pools open, and our recreation efforts intact, as we build strong, healthy bodies in a productive social environment. We have supported programs like The Urban League's Rescue One effort to help our young people improve their minds and increase their employability.

"We are trying to become a force in Education, and I have established an educational foundation which seeks to enhance the public school system. We were successful in obtaining a $900,000 grant in cooperation with the Orleans Parish School Board to establish a school-based health clinic at the George Washington Carver Complex. This clinic will provide various health services and day care centers for students with children."

MAYOR TERRY GODDARD, PHOENIX, MAY 2, 1988:

"The children and youth of Phoenix are the foundation of our future. Yet, in many ways, we are short-changing these citizens of the new century. We need to provide a better environment for the children and families of Phoenix by improving education, providing better access to City services and responding to the problem of substance abuse....

"Both the substance abuse program and an ongoing education improvement program will be most effective if incorporated into a larger and more integrated program to serve our children, youth and families. Through a new

Phoenix Board on Children, Youth and Families, we can bring these efforts together with some of our existing programs."

MAYOR ARTHUR J. HOLLAND, TRENTON, FEBRUARY 18, 1988:

"The way to avoid homelessness is to make it possible for individuals to be self-sufficient. One of the surest means to this end is education. Yet perhaps the most important and the most difficult problem that urban America faces is the issue of public education. The task of training our young people to become productive members of society is made all the more difficult by the rapidly increasing demand for new knowledge and skills associated with our technological age and by changing social patterns. The weakening of the traditional family structure and the continuing cycle of urban poverty conspire to affect the ability of many children to learn and make more difficult efforts to provide equal opportunity through equal education....

"That the State recognizes that the problem cannot be addressed only at the local level is evidenced by the level of State funding of 79.3 percent. Even this level of funding is inadequate. The State must fund fully its thorough and efficient education formula.

"We at the local level must also do more. We must make some difficult decisions. Among the most important of these is the shifting of our limited resources to the area that will have the most direct positive impact on our students, that of teaching positions."

MAYOR MARION S. BARRY, JR., WASHINGTON, D.C., JANUARY 26, 1988:

"I am announcing today a new juvenile justice initiative, called 'Invest in Our Future.' Through Invest in Our Future we will redouble our activities to keep young people off drugs and out of jail. Our tools will be drug and education counseling for the child and the family, better recreational and leisure activities, better job opportunities, community service alternatives and work and school incentives.

"The juvenile justice initiative will coordinate youth activities of the departments and agencies of government and provide expanded services directly. And most importantly, invest in our future will demand a new wave of community activism against drugs.

"Our youth initiative is not just about drugs. It is about giving every child in the District enough to eat. Adequate shelter. A good education. A job or recreation activity after school. And most importantly, the self-confidence, ambition and skills to become a successful, contributing member of our community.

"I am also announcing an expansion of my cash awards program for excellence in learning. Young men and women who achieve in academics should earn special recognition. Those who graduate in the top 10 percent of their class will get a check for 1,000 dollars."

APPENDIX

CITY_____

STATUS REPORT ON CHILDREN IN THE NATION'S CITIES
QUESTIONNAIRE

NOTE: Unless otherwise noted, children are defined as age 17 or under.

1. **CITY ISSUES**
a) From your mayor's point of view, what are the three most critical problems your city faces?

1._____

2._____

3._____

b) Do these problems have significant effects on children?
Yes_____ No_____ Please explain.

2. **CHILDREN'S PROBLEMS**
a) In order of importance, what does your city government see as the three most serious problems facing all children in your city, and has the magnitude of each of these problems increased, decreased or stayed the same over the last five years?

1._____

_____Increased _____Decreased _____Stayed the Same

2._____

_____Increased _____Decreased _____Stayed the Same

3._____

_____Increased _____Decreased _____Stayed the Same

b) In order of importance, what does your city government see as the three most serious problems facing low-income children in your city, and has the magnitude of these problems increased, decreased or stayed the same over the last five years?

1._____

_____Increased _____Decreased _____Stayed the Same

2._____

_____Increased _____Decreased _____Stayed the Same

3._____

_____Increased _____Decreased _____Stayed the Same

c) Please include any explanation of your responses above, and cite any data that supports your response.

d) What actions should be taken to remedy these problems, and by whom?

3. **CASH AND FOOD ASSISTANCE**
Please provide the following information currently for residents of your city.

BENEFIT PROGRAM	NUMBER OF RECIPIENTS CHILDREN	ADULTS
Aid to Families with Dependent Children		
General Assistance		
Food Stamps		

4. **SCHOOL DROP-OUTS AND TRUANCY**

a) How many students were enrolled in the ninth grade in your city's public schools in the fall of 1984?_____

b) How many students were enrolled in the tenth grade in your city's public schools in the fall of 1985?_____

c) How many students were enrolled in the 11th grade in your city's public schools in the fall of 1986?_____

d) How many students were enrolled in the 12th grade in your city's public schools in the fall of 1987?_____

e) How many students graduated from public high schools in your city in the spring of 1988?_____

f) Please note any special circumstances (e.g. migration) which affect the interpretation of this data.

g) Does your city have another way than was used in questions a through f to define the drop-out rate?

_____Yes _____No

h) **If yes,** how is it defined and what is the most current rate according to that definition?

i) What was the total enrollment of public high schools in your city during the 1987-1988 school year?_____

j) What was the average daily attendance of public high schools in your city during the 1987-1988 school year?

_____

k) Does your city have any programs supported in whole or in part with local government funds which aim at encouraging students to stay in school? _____Yes _____No

l) **If yes,** please describe briefly. Include information on the program's cost and funding sources, the number served, what it does, any indications of success, and its name, address and phone number.

5. **CHILD CARE AND EARLY CHILDHOOD EDUCATION**

(NOTE: Day care slots are licensed places for full-day, center-based and family-based care for pre-school aged children. Subsidized day care slots are paid for in part or in whole with public funds.)

a) How many licensed, subsidized day care slots are currently available in your city? _____

b) How many licensed, unsubsidized day care slots are currently available in your city? _____

c) If you can, please estimate the average, current length in weeks of the waiting period for licensed, subsidized day care in your city? _____weeks
Cite any evidence of your estimate.

d) If you can, please estimate the average, current length in weeks of the waiting period for licensed, unsubsidized day care in your city? _____weeks
Cite any evidence of your estimate.

g) If you can, please estimate the percent of the need for licensed child care that goes unmet in your city? _____%
Cite any evidence of your estimate.

h) What happens to those children who need day care, but for whom it is not available?

i) What is the average, current cost per week for full-day, center-based child care in your city? $_____per week

j) What is the average, current cost per week for full-day, home-based child care in your city? $_____per week

k) What percentage of the public elementary schools in your city offer pre-school education for four-year-olds?
_____%

l) What percentage of the public, elementary schools in your city offer after-school care? _____%

m) How many children in your city are currently enrolled in Head Start? _____

n) How many children in your city are currently on the waiting list for Head Start? _____

6. **INFANT HEALTH**

a) Does your city have any programs supported in whole or in part with city government funds which aim at increasing the availability of pre-natal care for expectant mothers, reducing low birth weights, and/or reducing infant mortality? _____Yes _____No

b) **If yes,** please describe briefly. Include information on the program's cost, the number served, what it does, any indications of success, and its name, address and phone number.

7. **TEENAGE PREGNANCY**

a) Does your city have any programs supported in whole or in part with city government funds which aim at preventing teenage pregnancy? _____Yes _____No

b) **If yes,** please describe briefly. Include information on the program's cost, the number served, what it does, any indications of success, and its name, address and phone number.

8. **CHILDREN AND THE STRUCTURE OF CITY GOVERNMENT**

a) Does your city government have a department, bureau or other agency (not including the school system) whose sole responsibility is children's matters broadly defined?

_____Yes _____No

b) **If yes,** please provide the name, title, address and phone number of the director and describe the agency's purposes briefly.

c) **If no,** is there any agency in your city government whose responsibilities include children's issues broadly defined, along with other issues?

_____Yes _____No

d) **If yes,** please provide the name, title, address and phone number of the director and describe briefly the agency's functions relating to children.

e) Does your city government have a citizens' task force, commission or other public body specifically charged with overseeing children's issues broadly defined? _____Yes _____No

f) **If yes,** please provide its name and describe its membership and purposes briefly.

g) Is there an organization or coalition of organizations in your city which collects local information relating to children's issues? _____Yes _____No

h) **If yes,** please provide the name of the organization and the name, title, address and phone number of its director and describe the organization briefly.

9. **THE NEXT PRESIDENT AND CHILDREN**
What does your mayor think is the most important policy decision that the next President of the United States could make that would benefit children in this country?

10. **AN EXEMPLARY PROGRAM FOR CHILDREN IN YOUR CITY**
Please describe briefly an exemplary program underway in your city which benefits children. Public money should be involved in the program and the city government should play a leadership role in it. Include information on how it was established, whomit serves, what services or assistance it provides, how it is funded and what its accomplishments have been.

11. **YOUR CITY'S CHILDREN INITIATIVES**

a) Please describe any recent initiatives (e.g. efforts broader than a single program) in your city relating to children broadly defined.

b) Were children's issues mentioned in the last state of the city address? _____Yes _____No

c) Were they mentioned in any of the mayor's recent speeches? _____Yes _____No

d) If yes to either question, please enclose a copy of the state of the city address and/or of a recent speech.

IF ANY OF THE INFORMATION PROVIDED IN THIS QUESTIONNAIRE IS CONFIDENTIAL, PLEASE SPECIFY THE NUMBER OF THE RELEVANT QUESTION.

_____

PLEASE RETURN THIS QUESTIONNAIRE COMPLETED TO LAURA DEKOVEN WAXMAN, U.S. CONFERENCE OF MAYORS, 1620 EYE STREET, N.W., WASHINGTON, D.C. 20006 BY JULY 15, 1988, SOONER IF POSSIBLE.

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PERSON COMPLETING QUESTIONNAIRE:

NAME_____

TITLE_____

ADDRESS_____

TELEPHONE_____

THE UNITED STATES CONFERENCE OF MAYORS
1620 Eye Street, Northwest
Washington, D.C. 20006
(202) 293-7330